

United States Department of the Interior
National Park Service

National Register of Historic Places Registration Form

This form is for use in nominating or requesting determinations for individual properties and districts. See instructions in National Register Bulletin, *How to Complete the National Register of Historic Places Registration Form*. If any item does not apply to the property being documented, enter "N/A" for "not applicable." For functions, architectural classification, materials, and areas of significance, enter only categories and subcategories from the instructions.

1. Name of Property

Historic name: St. Luke's Hospital

Other names/site number: _____

Name of related multiple property listing:

N/A

(Enter "N/A" if property is not part of a multiple property listing)

2. Location

Street & number: 30 Morningside Drive

City or town: New York State: NY County: New York

Not For Publication: ☐ Vicinity: ☐

3. State/Federal Agency Certification

As the designated authority under the National Historic Preservation Act, as amended,

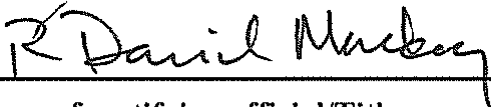
I hereby certify that this X nomination request for determination of eligibility meets the documentation standards for registering properties in the National Register of Historic Places and meets the procedural and professional requirements set forth in 36 CFR Part 60.

In my opinion, the property X meets does not meet the National Register Criteria. I recommend that this property be considered significant at the following level(s) of significance:

 national statewide X local

Applicable National Register Criteria:

X A B X C D

 Signature of certifying official/Title:	<u>3-27-2019</u> Date
<u>DSY/PO</u> State or Federal agency/bureau or Tribal Government	

In my opinion, the property meets does not meet the National Register criteria.

Signature of commenting official:

Date

Title :

State or Federal agency/bureau
or Tribal Government

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4. National Park Service Certification

I hereby certify that this property is:

- ☐ entered in the National Register
☐ determined eligible for the National Register
☐ determined not eligible for the National Register
☐ removed from the National Register
☐ other (explain:) _____

Signature of the Keeper

Date of Action

5. Classification

Ownership of Property

(Check as many boxes as apply.)

- Private: ☒
- Public – Local ☐
- Public – State ☐
- Public – Federal ☐

Category of Property

(Check only **one** box.)

- Building(s) ☒
- District ☐
- Site ☐
- Structure ☐
- Object ☐

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Number of Resources within Property

(Do not include previously listed resources in the count)

Contributing	Noncontributing	
<u>1</u>	<u> </u>	buildings
<u> </u>	<u> </u>	sites
<u> </u>	<u> </u>	structures
<u> </u>	<u> </u>	objects
<u>1</u>	<u>0</u>	Total

Number of contributing resources previously listed in the National Register N/A

6. Function or Use

Historic Functions

(Enter categories from instructions.)

HEALTH CARE/hospital

Current Functions

(Enter categories from instructions.)

DOMESTIC/multiple dwelling

HEALTH CARE/hospital

7. Description

Architectural Classification

(Enter categories from instructions.)

LATE 19th & 20th CENTURY REVIVALS / French Renaissance

MODERN MOVEMENT

Materials: (enter categories from instructions.)

Principal exterior materials of the property: Brick, marble, granite, slate

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Narrative Description

(Describe the historic and current physical appearance and condition of the property. Describe contributing and noncontributing resources if applicable. Begin with a **summary paragraph** that briefly describes the general characteristics of the property, such as its location, type, style, method of construction, setting, size, and significant features. Indicate whether the property has historic integrity.)

Summary Paragraph

St. Luke's Hospital is one building composed of eleven pavilions constructed between 1896 and 1992, occupying one-and-a-half city blocks in the Morningside Heights neighborhood of upper Manhattan, New York County, New York. Morningside Heights is a residential and institutional neighborhood that developed around the turn of the twentieth century on visually eminent, elevated terrain that attracted a number of major educational and religious institutions, including Columbia University, Union Theological Seminary and the Cathedral of St. John the Divine. St. Luke's Hospital, previously located on West 54th Street in Manhattan, in 1892 chose Morningside Heights as the site to build a larger, modern hospital with room to grow over future decades. The site consists of the entire block bounded by Amsterdam Avenue to the west, West 114th Street to the north, Morningside Drive to the east and West 113th Street to the south. In addition, it includes one building and addition occupying the west end of the block between West 114th and West 115th Streets that is connected to the complex on the block to the south by skybridges. St. Luke's Hospital is prominently situated overlooking Morningside Park to the east and facing the massive Cathedral of St. John the Divine across West 113th Street to the south. Seven of its pavilions were constructed between 1896 and 1928 in accordance with a hospital master plan created by architect Ernest Flagg in 1893. Flagg's master plan originally envisioned a series of 12 separate pavilions, linked via open-air connectors intended to prevent the spread of germs between them. Over the subsequent decades, Flagg designed ten buildings in accordance with the master plan and revised the plan to account for changes in hospital design practices. Flagg's pavilions were designed in a French Renaissance Revival style and constructed of brick with granite bases and marble trim, some with red slate mansard roofs. Seven of the Flagg buildings remain today; the other three buildings were demolished in the 1950s and 1960s for later hospital expansion and replaced with pavilions in contemporary styles. The four pavilions added in the latter half of the twentieth century were designed by other architects in a modern style and depart in massing and scale from the Flagg plan.

Narrative Description

St. Luke's Hospital is one large contributing building that includes 11 attached, historically interconnected components constructed between 1896 and 1971. Under Ernest Flagg's 1893 master plan, Muhlenberg Pavilion formed the center of the complex, with the chapel immediately behind it to the north. Four pavilions were to be built on each of its sides, and each pavilion was designed as a freestanding building connected via open-air multistory passageway connectors, which functioned as "fresh-air cutoffs" against the spread of disease. There were to be two small service buildings, one to the

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east and one to the west of center. In addition to Muhlenberg and the chapel, only six of the eight planned pavilions were built: Minturn, Plant, Travers and Scrymser to the east and Norrie and Vanderbilt to the west. The two small service buildings, the Ambulance Stable and the Pathology Building, were also built, east and west (respectively) of Muhlenberg. Both of the pavilions to the west, Norrie, Vanderbilt, and the service building (Pathology) were demolished and replaced with more contemporary attached hospital pavilions during the period of significance. The surviving service building (Ambulance Stable) is now also connected to the others.

Courtyards and Landscaping

There are courtyards on West 113th Street fronting Muhlenberg Pavilion and the Minturn-Plant connector and a landscaped yard in front of the Morningside Drive elevations of Plant and Scrymser. In the Muhlenberg courtyard, landscaped areas with low hedges, grass and trees flank a concrete walkway to the entrance. A one-story MRI facility is located in east side of the court, attached to the west elevation of Minturn. The courtyard historically had a semicircular drive that rose, with brick walls and stone coping, to lead through the entrance vestibule from the sides. The Stuyvesant Building constructed in the 1950s, extends into the historic western section of Muhlenberg's court.

An entrance in the Plant-Minturn connector was also originally approached by a semicircular drive in the courtyard that it opens onto. That courtyard is now occupied by liquid oxygen tanks and other medical mechanical equipment, fenced off from the street with chain-link fence.

The course of Morningside Drive creates a triangular space between West 113th and West 114th Streets, including a landscaped expanse in front of Plant, to the south of the walkway to the Plant-Scrymser connector. It is bordered by a decorative wrought-iron fence. The fence's base is bluestone, with concrete casings around the main posts, and only concrete along the walkway. North of the walkway is a smaller landscaped area that narrows to a point in front of Scrymser Pavilion.

The seven extant sections designed by Ernest Flagg are:

- Muhlenberg Pavilion, the administration building containing the historic main entrance fronting on West 113th Street (completed 1896)
- The Chapel Pavilion behind Muhlenberg to the north, overlooking West 114th Street (1896)
- Minturn Pavilion, on West 113th Street, containing patient wards, and situated east of Muhlenberg and connected to it by a multistory passageway connector that was originally composed of open-air arcades (1896)
- The Ambulance Stable, an originally freestanding building to the east of the three buildings above, which was constructed as a stable for ambulance horses with apartments for drivers; now connected to Scrymser and Plant Pavilions by enclosed passageways (1896)

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- The Plant Pavilion for Private Patients, at the corner of West 113th Street and Morningside Drive east of Minturn, connected with Minturn via a multistory passageway connector that was built with Plant, originally composed of open-air arcades (1906)
- Travers Pavilion, on West 114th Street north of Minturn and east of the Chapel; linked to Muhlenberg by a multistory passageway connector that was originally composed of open-air arcades (1911)
- The Scrymser Pavilion for Private Patients, at Morningside and West 114th Street (north of Plant and east of Travers); constructed with a multistory passageway connector to Plant (1928)

The historic additions are:

- The Florence Stokes Clark Building, facing Amsterdam Avenue and spanning from West 113th Street to West 114th Street (1954, architects York & Sawyer)
- The Stuyvesant Building, between Muhlenberg and Clark (1957, York & Sawyer)

The two non-historic additions constructed after the period of significance are:

- The Women's Annex, on Amsterdam Avenue between West 114th and West 115th Street and connected to the Clark Building by skybridges built later over West 114th Street (1965, York & Sawyer; altered and expanded 1991-92 by Skidmore, Owings & Merrill, and now known as the Babcock Building)
- The Service and Research Building on West 114th Street immediately west of the Chapel and east of Clark (1971, Harry M. Prince).

The Flagg-designed pavilions are generally constructed of buff brick with granite bases, marble ornament, decorative iron balconies and red slate mansard roofs. Plant, Travers and Scrymser Pavilions were built over the course of three decades with footprints, materials, height and massing in keeping with the master plan; however, more specific revisions were made to accommodate the specific programs of the various pavilions. The late-twentieth-century buildings are generally constructed of a darker tan brick with granite water tables and limestone trim and departed entirely from the master plan in their modern style, varying and predominantly greater height, inconsistent massing, and contiguous arrangement. Despite alterations to certain ornamental elements, particularly on Muhlenberg Pavilion, all of the pavilions retain a high degree of architectural integrity at the exterior. The interiors of all of the pavilions have been changed to varying degrees over time in response to the need to upgrade hospital facilities to reflect current medical practices.

Minturn, Plant, Scrymser and Travers Pavilions, and the Ambulance Stable, are currently undergoing conversion to residential occupancy, with courtyard infill additions. The rehabilitation includes the restoration of the exterior of those buildings and restoration and rehabilitation of interior spaces for new use. Muhlenberg Pavilion, the Chapel Pavilion, and the later additions not designed by Flagg remain in use as hospital facilities.

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St. Luke's Hospital Resource List

This resource list is organized to describe the property's primary components in chronological order. While the central components are all counted as one contributing building due to their historic and contemporary physical interconnections, they are described separately to simplify and clarify the narrative.

Muhlenberg and Chapel Pavilions (Ernest Flagg, 1896)

The Muhlenberg and Chapel Pavilions are situated at the center of the block, Muhlenberg facing West 113th Street and the chapel behind it on West 114th Street. They are connected, with Muhlenberg's lobby leading to the chapel sanctuary. Their upper floors were originally connected by narrow passageway connector and a bridge; the space between them was later partly filled in.

The seven-story Muhlenberg Pavilion, at the center of the block on West 113th Street, is set back from the street and is rectangular in plan, oriented east-west, with a south-projecting tower. Muhlenberg is laid up in buff brick with marble trim, with a red slate tile mansard roof and copper dormers. Original one-over-one double-hung wood sash windows remain on most of the building, except for some double-hung replacement aluminum windows on portions of the second story.

A walkway from the street, flanked by planted areas, leads to stone steps up to the main entrance vestibule in marble, projecting from the central tower, with an arched opening with original wooden doors and elaborate fan transom; rusticated pilastered walls; and a bracketed cornice surmounted by a segmental pediment. Rising behind the vestibule is the central tower, with projecting chamfered corners with stone quoins. Sill courses demarcate the stories. Directly above the vestibule are two levels of paired classical columns, each flanking a central window, with a broken pediment above. A window is situated to either side of the columns at each level, with classically molded lintels and, at the third floor, oculi above. At the fourth floor, a large central window with bracketed lintel is flanked by smaller windows. The fifth floor is dominated by a large central clock, surrounded by foliate carved stone, and flanked by small square windows with bracketed lintels. An original marble cornice that ran above the fifth floor is missing, its course currently covered in a plastic tarp.

Atop the tower, behind a balustrade, is an octagonal drum that supported the original dome, which was removed in 1966. Four main faces of the drum have arched windows framed by paired engaged columns; alternating with these, projecting from the drum to the corners of the tower, are short colonnades leading to small, four-sided pavilions with arched openings and pilasters. These were originally surmounted by cupolas and marble statues of the four evangelists, now removed.

The sides of the projecting tower each have two bays of windows, with the floors divided by the sill courses, which continue along the flanking facades of the main body of the Muhlenberg Pavilion overlooking West 113th Street. These facades each have four bays of windows. At the ground floor, clad

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in rusticated stone, are arched windows; the next two stories, in brick, have arched openings divided by brick pilasters and with stone balustrades and ornamental accents; the fourth floor has narrow rectangular windows in terra cotta frames, with brick pilasters with Corinthian capitals between, set against a field of diamond-patterned brick. The composition of these floors is carried onto a diagonal connector that leads to Minturn Pavilion to the southeast, originally built as open-air arcades. The fifth floor has pedimented copper dormer windows projecting above a stone-and-brick balustrade from the mansard roof. A molded copper cheneau present on the western mansard is missing from the eastern roof. There are historic brick-clad bulkheads on either side of the former dome's drum.

On its north side, the central portion of the Muhlenberg Pavilion is connected to the chapel building. At the double-height second floor level of the chapel auditorium itself, a wide connector continuous with the width of Muhlenberg's main hall connects them, originally over a driveway that encircled the chapel building at the ground floor. On upper floors, they are linked by a narrow passageway connector; the gap between the buildings to the west of this connector was later infilled by the 1971 Service and Research Building. The north elevation of Muhlenberg's eastern section overlooks a courtyard between the Chapel and Travers Pavilions, partly obscured by mechanical equipment sited on a platform attached to it and skybridges linking Travers and the Chapel. It is laid up in yellow brick with simple window openings with plain stone lintels and molded sill courses.

Muhlenberg's main entry leads into an intact historic stair vestibule with marble steps and brass handrails, walls adorned with pilasters, moldings and commemorative tablets in classically ornamented enframements. A wood-framed portal, with non-historic metal door, transom and sidelight infill, leads into the main lobby hall. The lobby floor is laid with marble pavers. The walls are ornamented with pilasters with Doric capitals and crown molding, and four freestanding Doric columns stand in the space. Paneled wood double doors in carved enframements lead into altered office spaces off the main lobby, as well as to the intact historic board room, decorated with a cove ceiling, elaborate plaster moldings, and wood shutters. Muhlenberg's upper floors retain their historic axial corridor layout, but the spaces off the corridors have been reconfigured over time, and the upper-floor finishes have been replaced throughout.

The seven-story, rectangular Chapel Pavilion can be entered through Muhlenberg or through a ground-floor entrance on West 114th Street. It presents its apsidal side on West 114th Street, with a large stained glass window, flanked by bays of single windows. The stained-glass window occupies the third and fourth floors, above the tripartite ground floor entry. Above the main window are groupings of three windows on the fifth and sixth floors and in the seventh-story dormer. On the east facade, facing Travers Pavilion, three bays of paired windows are flanked at either end by bays of single windows; there is a stone-trimmed entry at the ground floor. Most of the original one-over-one wood windows remain.

At the rear, on West 114th Street, the two-story base, clad in buff brick, is terminated by a marble cornice. A ground-floor entrance is trimmed in marble, in a segmental arch with keystone, flanked by two recessed doorways. Above the doors is a stone cornice, surmounted by a brick panel with a stone cross set into the

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brick, topped by a stone pediment. Single windows flank the entry assembly at each of the first two stories, with stone sills, and lintels built into the cornice above.

The pavilion's midsection is framed by brick corner pilasters rising three stories to a side cornice. The side bays of single windows continue up this section. At the center is the large arch-shaped stained-glass window with roundels, framed in brick with a stone entablature, and three windows above. The sixth story windows sit atop a slender stone sill course. The building cornice, originally of marble, has been removed, its site covered in plastic over the remnant denticulation. Above the former cornice, a central pedimented dormer, faced in brick with stone trim, has three arched windows recessed behind balustrades. The windows have been filled in with non-historic glass block.

In the courtyard to the east, between the Chapel and Travers Pavilion, is a non-historic one-story loading-bay extension, with mechanical equipment atop it. At the third floor, non-historic dunnage spans the courtyard, with more equipment. The construction of the Service and Research Building, which adjoins the chapel building, covered the chapel's western elevation.

The Chapel Pavilion's principal interior space is the double-height sanctuary in a Renaissance style, with marble floor, paneled wainscoting, and a vaulted ceiling springing from fluted pilasters. The ceiling is ornamented with molding accented with gold leaf, with oculi crowning the vaults. The north end of the chapel has an large ensemble of stained-glass windows by English artist Henry Holiday. The large central arched window represents "Christ the Consoler," and it is flanked by smaller arched windows and surmounted by seven roundels depicting the "Seven Acts of Mercy." The balcony overlooking the sanctuary at the south end of the space was constructed in 1959 following a fire that damaged the original, smaller balcony. A balcony on the east wall contains non-original organ pipes. The upper floors of the chapel contain administrative and support spaces that have been reconfigured and refinished over the life of the hospital.

Minturn Pavilion (Ernest Flagg, 1896)

The seven-story (plus basement) Minturn Pavilion is square in plan, originally linked to Muhlenberg by a diagonal open-air connector, now subsumed on one side by a 1938 stair and elevator tower. It is laid up in buff brick with marble trim above a stone-clad base, with a red-slate mansard roof. It has five bays of windows on the façade, facing West 113th Street, and four bays facing west over the courtyard entrance to Muhlenberg. On the east facade, two bays face over a street-side courtyard between Minturn and Plant Pavilions; a tower is attached where Minturn meets the connector structure between Minturn and Plant; and, on the north side of the connector, one bay of windows overlooks the inner courtyard. One-over-one double-hung wood sash windows remain on areas of some floors, with aluminum replacement one-over-one double-hung windows elsewhere.

On the three primary facades, the base consists of a rusticated, rock-faced pinkish-grey granite basement and a smooth rusticated marble first story terminated by a cornice. There is an entry at grade level at the

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center of the West 113th Street elevation. Basement windows have decorative wrought-iron grilles. An areaway on West 113th Street is bordered by a decorative wrought-iron fence set on a bluestone base. On the west side, a one-story louvered metal addition on a granite base is attached to the length of the elevation.

The second through the fifth stories, clad in buff-colored pressed brick with marble ornament, are framed by marble pilasters, and the fourth story is terminated by a cornice. Second-story windows have marble panels below and are surmounted by corbeled hoods. In the central window at this story on the street-facing facade a corbeled balcony is missing its balustrade. Windows on the third story have stone panels with carved scrollwork below and decorative keystones; those on the fourth story are set behind stone balustrades and have segmental arches with decorative keystones. The fifth story features diamond-pattern brickwork and is terminated by the denticulation of a cornice that has been removed and covered with a tarp.

On the north, courtyard-facing facade, as well as the portion of the east facade north of the connector to the Plant Pavilion, the sill courses below the third and sixth stories are continued, with a brick pilaster at the corner and simpler window openings with stone lintels and sills.

The former cornice is surmounted by a balustrade with corner pedestals with large urns. The south and north facades each have a central dormer with three narrow windows flanked by paired pilasters, supporting a pediment ornamented by a cartouche. On the south facade, it is flanked by two smaller oculus dormers with stone surrounds; on the north facade, there is one copper-faced oculus to the east of the dormer. The east and west facades each have a pair of similar but narrower dormers with only two windows each. The steep mansard roof, covered in flat red slate with copper seams and ridges, is pierced on each side by a row of four oculi with decorative copper surrounds above the dormers. There are two large brick chimneys.

At the northwest corner of Minturn Pavilion is a seven-story stair and elevator tower that connects it with Muhlenberg and Travers Pavilions. Built in 1938 to replace the original exterior stair tower serving Minturn, it overlooks the internal courtyard with a plain facade of yellow brick ornamented with a stone string course above the second floor, and a raised central section at top. There is a central bay of tripartite windows, and to the south a bay of paired windows up to the fifth floor and single windows on the two floors above. Windows are a mixture of historic steel double-hung windows and replacement aluminum double-hung windows, in openings with simple stone lintels and sills.

Minturn Pavilion's interior floors largely retain their historic corridor plan, with a diagonal corridor extending into the building from the adjoining circulation tower and turning to an orthogonal east-west orientation across the building. The adjoining tower's elevators and stairs provide the only vertical circulation for Minturn Pavilion. To the south of the main corridor are the former patient ward rooms, with smaller medical offices located to the north of the corridor and facing on to the courtyard. The spaces off the corridors have been reconfigured, and the finishes in the corridors and all rooms

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modernized over the life of hospital use. The ground-floor ward room was converted into the hospital library as part of a renovation in the latter part of the twentieth century.

Ambulance Stable (Ernest Flagg, 1896)

The Ambulance Stable is a two-story building at the center of the eastern courtyard of the hospital complex. Laid up in brick with stone trim, it is square in plan with rounded corners and pyramidal red-slate roof. The west elevation has a central window opening, flanked by two small slit windows; at each end is a high-set window within an otherwise bricked-in window corresponding to the central window in size. The south elevation has a similar central window flanked by high windows in filled larger openings. The west elevation has a central window, flanked by pairs of slit windows to either side; toward the south side, a non-original glass-enclosed walkway, leading to Plant and Scrymser Pavilions, is attached. All the windows have stone sills and lintels. At the ground floor, the north elevation has a one-story projection, attached on the east side to Scrymser Pavilion. This extension has a west side wall of brick, lined with windows across the top, and a metal shed roof. A corresponding east wall, and a portion of the metal roof, were removed at the time of the construction of Scrymser Pavilion. The extension's north elevation is built of stuccoed concrete block, with two openings with roll-down gates. To the west of the extension on the north elevation, a non-historic metal stair leads up to a door situated part of the way to the second floor, leading to an interior stair.

A stone cornice wraps the building above the first floor. Each of the four elevations has, at the second floor, a set of five circular wood windows, trimmed in stone and separated by brick pilasters with stone capitals; on the west elevation, there are air conditioning units set into two window openings. Above a stone cornice with copper flashing is a pyramidal tile roof with a copper finial.

The northern extension of the Ambulance Stable has a western brick wall with a row of clerestory windows; it adjoins the later Scrymser Pavilion on the east side. A concrete block partition extending only partially to the exposed underside of the metal roof divides it from the main body of the building. The ground floor is divided into a large space with smaller rooms, with plain brick walls. From the exterior stair, an interior stair continues to the second floor, with rooms arrayed along a hallway, with both non-historic finishes and original round windows.

Plant Pavilion (Ernest Flagg, 1906)¹

The eight-and-a-half-story (plus basement) Plant Pavilion is roughly C-shaped in plan around a light court on the north side. The building is constructed of buff-colored brick with marble trim over a granite base and a red-slate mansard roof. A narrow, six-story connecting structure to Minturn was built with Plant,

¹ The description of Plant Pavilion is taken nearly completely from the New York City Landmarks Designation Report, "Plant and Scrymser Pavilions for Private Patients, St. Luke's Hospital" (2002).

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originally with an entrance facing a courtyard off West 113th Street, and open-air corridors on upper stories. Plant's east elevation, facing Morningside Drive, rises over a planted yard.

The base of the Plant Pavilion consists of the rusticated, rock faced pinkish-grey granite basement and first story and smooth rusticated marble (coated c. 1960s) second story, terminated by a cornice. Basement windows have granite surrounds and decorative wrought-iron grilles. The areaway and eastern yard are bordered by a decorative wrought-iron fence set on a bluestone base. There is a gate to the areaway at the southwest corner of the building, and a chain-link gate to the west of this, enclosing the former courtyard in front of the Plant-Minturn connector, now occupied by a liquid oxygen tank. The Morningside Drive entrance is approached by a concrete sidewalk and decorative wrought-iron gate. The entrance has a pedimented surround ornamented by a cartouche and a decorative iron-and-glass door. Windows are rectangular; those on the first story are surmounted by decorative wrought-iron balconettes supported by bracketed hoods, and those on the second story are capped by voussoirs and large keystones. Some of the first-story windows have been covered with metal mesh, and some have lower brick infill with air conditioning vents.

The third through the sixth stories, clad in buff-colored pressed brick with terra-cotta ornament, are framed by marble pilasters, and the fifth story is terminated by a cornice. The third and fourth-story windows have continuous molded surrounds. Third-story window openings are surmounted by corbeled hoods with iron railings and spandrel panels with swags; those on the fourth story have segmental arches with decorative keystones. The central bay of the third story of each principal facade has a balcony, supported by paired brackets, with a panel bearing the inscription "Margaret J. Plant Pavilion." Fifth-story windows have molded surrounds with keystones; the bottoms of the surrounds were cut off, and brick infill with HVAC vents was inserted in most of the windows (c. 1980s). Original one-over-one double-hung wood sash windows have been replaced by anodized aluminum windows in a tripartite sash configuration, many with air conditioning units inserted. Windows on the sixth story have molded surrounds with segmental pediments; some retain lower wrought-iron railings. The sixth story features yellow diamond-pattern brickwork and is terminated by a denticulated and modillioned cornice (the upper portion of which was removed and replaced in fiberglass, c. 1980s).

The unadorned courtyard facade of Plant is built in off-white brick with plain flat stone string courses above the second and sixth floors only on the west and north elevations of the western wing. The windows, in single bays and bays of double and triple window, have plain flat stone sills and lintels.

The cornice is surmounted by a balustrade with corner pedestals with large urns. The principal elevations have a central dormer framed by paired columns flanked by scrolled brackets, supporting a pediment ornamented by a cartouche; the dormers are covered with copper. The steep mansard roof, covered in flat red tile with copper seams and ridges, is pierced on each side by two rows of oculi with decorative copper surrounds. There are three large brick chimneys. The eighth story of the northwestern portion of the pavilion was originally the solarium; it is now covered in non-historic anodized aluminum (c. 2000) and has a roof railing. Adjacent to this is a roof bulkhead (parged c. 2000).

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The first and second stories of the connector to Minturn continue the courses of rusticated granite and smooth-rusticated marble of those pavilions' first two stories, with brick walls above. At the first story a large central doorway, framed in carved stone with segmental arch and keystone, is boarded up; it is flanked by two one-over-one windows. The second story has three arched window openings in the marble wall. The third and fourth stories also have three arched openings, with stone balustrades and stone-trimmed arches and brick pilasters between with stone capitals. The fifth story has a pair of narrow rectangular windows in each of the three bays. Some of the arched openings have aluminum panels in the arched transom area over rectangular replacement windows, while some of them are open, with only netting over a ceiling at the level of the window head. These openings were originally at least partly open to allow free circulation of outside air, as a "fresh-air" cutoff separating the pavilions to guard against the spread of disease.

The connector has an irregular gable roof with a short, steep slope in front and a longer, shallower slope towards the back, with two skylights in it. The rear, courtyard-facing facade is laid up in brick, with openings that mirror those in front but with only very plain stone sills, lintels and keystones.

Inside the closed West 113th Street entrance in the Minturn-Plant connector is an intact historic vestibule and office area that leads to the first floor of Plant but is walled off from Minturn. These spaces have original marble and wood flooring, decorative plaster molding on the walls and ceiling, interior tripartite casement leaded-glass windows with transoms, and a marble fireplace mantel and wood flooring. Marble flooring continues along an adjacent corridor into Plant Pavilion proper and its intact original circulation core, with glass-enclosed elevator shaft, and wrapping stair with marble treads.

On the first floor of Plant, the rooms arrayed along a "C"-shaped double-loaded corridor are intact, retaining original doors, wood moldings, plaster trim, wainscoting and light fixtures, as well as fireplaces in the larger rooms at the building's corners. On the upper floors, the historic corridor plan and room layout is largely intact, with a double-loaded corridor leading diagonally into the building from the elevator and stair shaft into the building and then running east to the east wall, with another corridor running north to the connector with Scrymser Pavilion forming a "T." Some mantels are intact at the locations of blocked-up fireplaces, but the finishes on the upper floors reflect a series of renovations over the life of the hospital, most notably in the latter part of the twentieth century. The upper floors of the Plant-Minturn connector consist of unadorned passageways between the pavilions.

Travers Pavilion (Ernest Flagg, 1911)

The eight-story (plus basement) Travers Pavilion is square in plan, originally connected to Muhlenberg by a multistory open-air connector (now partly subsumed by the 1938 stair and elevator tower). It is constructed of buff brick with marble trim and a red-slate mansard roof. Original one-over-one double-hung wood sash windows exist on the north facade overlooking West 114th Street and east side facade. On the rear, south facade, there is a mixture of original windows and one-over-one double-hung anodized aluminum windows. Each elevation has five bays of windows: three central bays, each with paired

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window openings, flanked by a single-opening bay to each side, containing paired windows separated by mullions, of cast iron on the first two floors, and wood on high floors. The windows have plain stone sills, and with flat stone lintels on the West 114th Street facade only.

The base is framed by a wide marble sill course below the first-floor windows, and a simple stone cornice above the second-floor windows, with bands of stone below the cornice between those windows. The midsection of the building is framed by brick corner pilasters that span the third to fifth stories. Another cornice wraps the building at the fifth-story lintel level. Atop the sixth story, an original denticulated cornice is missing. Above, the south, east and west facades each have a pedimented dormer projecting from the building's tiled mansard roof, with two levels of paired windows, framed by paired brick pilasters, and flanked with pairs of windows surmounted by oculi. A brick parapet runs between the dormers, with balustraded sections, each with a small low dormer behind it.

South of the eastern and western dormers, a seventh floor is laid up in brick. Above is a metal-clad solarium, with paired windows and ornamental pilasters, and a roof continuous with the eastern dormer, surrounded by an iron guardrail. The roof is accessed through a door in a bulkhead on the east side of the mansard; there are similar projecting structures on the south and west sides of the mansard. Mechanical equipment sits atop the mansard's flat top. There are two brick chimneys on the north side of the roof, and one on the east; at the southwest corner is a larger chimney with extended metal flue.

Travers Pavilion's floors have double-loaded corridors in a square layout, with a central core that includes a non-historic stair. (The historic layout had a central atrium, now infilled, and around it on each floor, smaller rooms laid out along a double-loaded corridor positioned on all sides closer to the outer walls of the building than the existing.) The existing modern, unadorned corridors and office spaces have composite-tile floors and hung ceilings, and simple metal door frames and interior windows.

Scrymser Pavilion (Ernest Flagg, 1928)²

The nine-story (plus basement) Scrymser Pavilion is roughly C-shaped in plan around a light court on the south side, constructed along with an eight-story connector to Plant Pavilion. The building is clad in brick over a granite base, with the slightly set-back top two stories topped by a flat roof with a shallow pitch for drainage. Original one-over-one double-hung wood sash windows have been replaced (c. 1999) by one-over-one double-hung anodized aluminum windows over either a window panel or sliding sash that accommodates air conditioners. Also constructed concurrently with Scrymser was an enclosed walkway, cruciform in plan linking the courtyard elevations of Scrymser, the Scrymser-Plant connector and Plant to

² The exterior descriptions of Scrymser Pavilion and the Plant-Scrymser connector is taken nearly completely from the New York City Landmarks Designation Report, "Plant and Scrymser Pavilions for Private Patients, St. Luke's Hospital" (2002).

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the Ambulance Stable. Like Plant, Scrymser and the connector overlook, to the east, a landscaped yard that tapers to a point in plan along the angled course of Morningside Drive.

The base consists of the rusticated, rock faced pinkish-grey granite basement and first story, and yellowish-buff brick-clad second story that is terminated by a terra-cotta cornice. Basement windows have granite surrounds and decorative wrought-iron grilles. Windows are rectangular, those on the first story are surmounted by granite lintels with keystones and bossed corbels. Some of the first-story windows have been covered with metal mesh. The eastern yard is bordered by a decorative wrought-iron fence on a stone base.

The third through the sixth stories, clad in yellowish-buff-colored pressed brick, are framed by pilasters. The fifth story is terminated by a terra-cotta cornice. The facades are pierced by rectangular windows. The sixth story features yellow diamond-pattern brickwork and is terminated by a denticulated and modillioned cornice. This upper section consists of the seventh through the ninth stories. Only the seventh story has the same dimensions as the lower stories; it is terminated by a terra-cotta cornice. The eighth and ninth stories are stepped back at the corners. The eighth story has terraces on the southeast, northeast, and northwest corners and is terminated by a terra-cotta cornice. The ninth story originally had loggias that have been enclosed by windows (c. 1944); it is ornamented with pilasters and terminated by a copper cornice. There is a chimney at the northwest corner; other chimneys have been removed. The roof was originally covered with red tile; it is now covered with standing-seam copper. There are bulkheads above the western side of the ninth story.

The plain brick-clad west elevation, visible from the street, has a projecting portion and is unarticulated. Concrete stairs lined with a pipe railing lead to the basement level at the northwest corner of the building. Above the stairs is an aluminum and glass former ambulance entrance (c. 1960s). The west elevation's unadorned brick treatment, with plain windows with simple stone sills, is continued on the interior courtyard facades.

An eight-story passageway connector links Plant and Scrymser Pavilions. The basement and first story are similar to those on the rest of the Scrymser Pavilion. The entrance is approached by a concrete sidewalk bordered by decorative wrought-iron fences. There are concrete steps and an entrance platform with wrought iron railings adjacent to the entrance. The iron-and-glass entrance enclosure has two metal-and-glass doors and iron scroll brackets that support a curved iron canopy. The entrance enclosure is set in front of a granite entrance surround, within which are two wood-and-glass doors surmounted by a multi-pane transom. Within the entrance enclosure are marble steps lined with brass railings. Above the base, the wing is clad in brick similar to that on the rest of the pavilion. The second story is ornamented by brick pilasters and segmental-arched windows. The third through the seventh stories have colossal brick piers with rectangular windows set between. The pilasters carry iron balconies supported by large brackets. The balconies through the sixth floor are covered by screen. The seventh and eighth stories, originally a white-metal-clad loggia and a roofed terrace respectively, are now enclosed by windows; the

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eighth story is surmounted by a terrace bordered by an iron railing. The wing is flanked by brick-clad end towers with hipped roofs covered with standing-seam copper with end finials.

The rear, courtyard elevation of the connector is laid up in unadorned brick with three bays of paired one-over-one windows at each floor. The top, enclosed loggia floor has white-painted cast-iron cladding on this elevation as well. The enclosed walkways connecting to the Ambulance Stable are cruciform in plan, with one arm leading to the connector between Plant and Scrymser and branches leading to the rear elevations of each pavilion. They are clad in metal, framing tall obscured-glass units.

The entry in the Scrymser-Plant connector leads to a lobby for Scrymser renovated in the latter half of the twentieth century and not connecting directly to Plant. Scrymser Pavilion's interior floors retain their historic C-shaped double-loaded corridor plan. The spaces off the corridors have been reconfigured, and the finishes in the corridors and rooms, including the interior spaces of the connector to Plant, were modernized over the life of hospital use. Vertical circulation is provided in a passenger elevator in the connector linking Plant and Scrymser, at the south side of Scrymser, as well by means of a utilitarian metal internal stairwell and service elevator in the west wing of the pavilion.

Post-World War II Pavilions

While constructed separately over a number of years with distinct but related architectural expression, the series of pavilions added after World War II—Clark, Stuyvesant, Woman's Annex and Service and Research—have unified interior plans, functioning as a single hospital "block." A main corridor runs from east to west, from the Clark Building and between Stuyvesant and the Service and Research Buildings, to Muhlenberg. Each building has corridors branching off this main spine. A main elevator core providing access to these buildings is located between Stuyvesant and Service and Research; Clark has another set of elevators serving its tower. The interior spaces have uniformly unadorned, utilitarian finishes, with panel drop ceilings, fluorescent lighting, metal doors, plain hand railings in area used by patients, and composite tile floors (except for the second floor of Clark and Stuyvesant, corresponding to the main floor of Muhlenberg, which has terrazzo flooring). The combined Woman's Annex and Babcock Pavilion are similarly unified internally, with similar finishes.

Clark Building (York & Sawyer, 1954)

Facing Amsterdam Avenue at the west end of the block, the nine-story Florence Stokes Clark Building addition is cruciform in plan, with four-story extensions in each corner between the full-height wings. It spans the block for four stories, above which it sets back to either side of a central projection, with a nine-story rear wing projecting to the east. The Clark Building is of steel-frame construction and clad in buff brick, with stone details surrounding groups of windows at lower floors, and a flat roof. The building's windows are metal, one-over-one sash windows made of metal, painted dark gray with simple flat profiles.

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On Amsterdam Avenue, the projecting central section of the façade has a stone-trimmed entry with a metal canopy. Above, three vertical bands of paired windows with stone spandrels and limestone framing rise to the fifth floor. The sixth through ninth stories have single windows in each of the three bays. The north and south elevations of this projecting section have two bays of windows from the fifth story up, above the lower sections of the Amsterdam facade. These windows have through-wall HVAC louvers below them.

On those lower, flanking sections of the Amsterdam facade, there are stone-framed paired windows across the ground floor. On the next three stories, strips of single windows and stone spandrels are arranged with vertical stone dividers within a stone frame. In the floors above, windows in simple openings with stone sills are arranged in varying groups of two, three or four—some ganged and separated by flat metal mullions—many with through-wall HVAC louvers below them.

On both West 113th and West 114th Streets, a full-height wing rises at the street, flanked by four-story sections, with similar framed pairs of windows at ground floor, and entries in the easternmost sections. The second and fourth floors have stone-framed groupings of windows and spandrels similar to those on Amsterdam, with plain window openings above and on the sides of the full-height wings.

The Clark Building hosts the hospital's emergency room entry at street level on West 113th Street, with ambulance bay and pedestrian entrance. An entrance for "ambulatory care" is on West 114th Street. On the lower podium floors, the main east-west corridor is flanked by double-loaded corridors, square in plan, serving the north and south sides of the building. In the tower above, a double-loaded corridor runs north to south. The corridors are lined by specialty medical offices and administrative offices, with a number of patient rooms only on the fifth floor. With the exception of the terrazzo floors at the second floor, interiors exhibit the typical utilitarian finishes of composite tile floors and drop ceilings.

Stuyvesant Building (York & Sawyer, 1956)

The nine-story Stuyvesant Building addition faces on to West 113th Street. It is connected to Clark to the west, via a three-story section with vehicle entry spanning the ground floor; the 1971 Service and Research Building to the north; and Muhlenberg Pavilion to the east. A steel-framed building clad in beige brick, it is L-shaped in plan, with a front section rising eight stories at the street and extending into the courtyard in front of Muhlenberg Pavilion, and a nine-story rear section; the ninth story extends partly onto the front wing. It has flat roofs with a rooftop mechanical bulkhead.

The street facade has a one-story base clad in polished granite panels, with a ribbon window with wide metal mullions separating groups of single-pane, fixed windows with metal frames and frosted glass. Above a stone course, at the second floor, are eight square window openings trimmed in stone, with metal windows configured with a fixed light over a hopper and finished dark gray. Above, on floors three through seven, there are horizontal bands of windows, in groups with wide stone mullions between, and continuous stone lintel and sill courses. These are one-over-one sash windows at the third floor, and fixed

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over hopper metal windows on the floors above, also dark gray. At the eighth floor is a similar but smaller band of ganged single-light metal windows. On the shorter east-facing elevation of the building's front wing, the same details and fenestration are continued, with the upper-story window bands situated to the north side of the facade. The east-facing facade of the rear section, and the west-facing facade, have both single and paired one-over-one sash and fixed-over-awning windows, most painted dark gray but with some windows in a lighter metal finish.

Stuyvesant does not have its own street entry and is accessed internally from the main circulation system also serving Clark and Service and Research. Part of the emergency room, entered from the contiguous Clark Building occupies the ground floor. On upper floors, the double-loaded corridor, square in plan, leads from the common core and serves laboratory and rehabilitation facilities. With the exception of the terrazzo floors at the second floor, interiors exhibit the typical utilitarian finishes of composite tile floors and drop ceilings.

Women's Annex/Babcock Building (York & Sawyer, 1965; Skidmore, Owings & Merrill, 1992)

The Babcock Building occupies the full block front on Amsterdam between West 114th and West 115th Streets. The steel-framed, brick-and-stone-clad building forms an H-shaped plan and rises 11 stories to a flat roof. The wing overlooking Amsterdam is the original Women's Annex. Its one-story base, clad in polished granite, has metal fixed-single pane windows in groups of four. Above a plain stone still course, the second through 10th stories are beige brick and have 16 bays of tripartite windows—center fixed panes over hoppers, with single-pane sidelights, framed in light-colored, flat metal frames. (At the eighth floor, the northernmost six bays have no openings.) A mechanical penthouse story is set back. The base turns the corner to West 114th Street, to a secondary entrance under a metal canopy. Above, the south elevation of this wing has a projecting stair tower with wire-enclosed landings. The north elevation of the wing has a single continuous vertical band of metal tripartite windows and blue spandrel glass panels running the entire height. The rear, east side of this section has bays of single windows in a fixed-over-hopper configuration. A two-level metal-clad skybridge, dating to the construction of the Women's Annex, connects from the fifth and sixth stories to the Clark Building across West 114th Street to the south. At each level the bridge has a band of single-light windows with bifurcated awning transom windows above.

The hyphen and east sections of the "H" plan are a non-historic 1992 addition. The hyphen contains the main entry on West 114th Street, in a metal-and-glass facade that sets back at the second and fourth floor levels. A second skybridge, built with this addition, attaches at its center at the third and fourth floors. The north side of this section is clad in brick, and on West 115th Street its street wall rises to the fifth floor-level, with square openings at the second-floor level filled with opaque panels, and louvered vents across its top. Above, in the recessed main body of this section, each floor has six bays of paired one-over-one windows.

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The east wing of the "H," also clad in beige brick, has 16 bays of tripartite fixed, flat-profiled metal windows with transoms on its four uppermost floors (and on those bays of the sixth floor not interrupted by the adjacent building on West 114th Street), with plain lower brick on the lower floors. The West 115th Street elevation has a vehicle entry across the ground floor, with a single bay of identical windows and a vent opening above (and similar upper floors over West 114th Street).

The main entrance of St. Luke's Hospital is at the ground floor of the combined building, on West 114th Street. The building contains most of the hospital's surgical facilities and patients' rooms, arrayed on double-loaded corridors on an "H" plan. Interiors exhibit the typical utilitarian finishes of composite tile floors and drop ceilings.

Service and Research Building (Harry M. Prince, 1971)

The Service and Research Building addition is a 14-story steel-framed building, rectangular in plan with a flat roof, on West 114th Street, attached to the west side of the Chapel Pavilion, to parts of the north sides of Muhlenberg and Clark. The first-floor base of the street-facing facade is clad in granite panels, with paired windows, two street-level entrances and a basement door at bottom of an areaway ramp. The first story is terminated by a stone course. Above, the building is clad in beige brick, its main facade has eight bays of windows, arranged in three pairs flanked by single bays at each end. From the second through 11th floors, the paired sets of metal, single-pane fixed windows are framed in a narrow stone surround, and have metal spandrel panels. (Some openings contain louvers, and the eighth floor windows are significantly shorter in height.) The 14th story is set back and topped with mechanical equipment and bulkheads. The Service and Research Building is attached to the Clark Building to the west at its first four stories; above that, it has five bays of windows, with the central set of three framed similarly by stone trim through the 11th floor. The east elevation is solid brick with a single window at the top floor.

Service & Research does not have its own street entry and is accessed internally from the main circulation system also serving Clark and Stuyvesant. On the lower floors, a double-loaded corridor branches from the common circulation core and connects with the corridors of Clark. On upper floors, where the building is separate from Clark's tower, its corridors are generally square in plan, serving laboratory spaces. Interiors exhibit the typical utilitarian finishes of composite tile floors and drop ceilings.

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8. Statement of Significance

Applicable National Register Criteria

(Mark "x" in one or more boxes for the criteria qualifying the property for National Register listing.)

- ☒ A. Property is associated with events that have made a significant contribution to the broad patterns of our history.
- ☐ B. Property is associated with the lives of persons significant in our past.
- ☒ C. Property embodies the distinctive characteristics of a type, period, or method of construction or represents the work of a master, or possesses high artistic values, or represents a significant and distinguishable entity whose components lack individual distinction.
- ☐ D. Property has yielded, or is likely to yield, information important in prehistory or history.

Criteria Considerations

(Mark "x" in all the boxes that apply.)

- ☐ A. Owned by a religious institution or used for religious purposes
- ☐ B. Removed from its original location
- ☐ C. A birthplace or grave
- ☐ D. A cemetery
- ☐ E. A reconstructed building, object, or structure
- ☐ F. A commemorative property
- ☐ G. Less than 50 years old or achieving significance within the past 50 years

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Areas of Significance

(Enter categories from instructions.)

ARCHITECTURE

HEALTH/MEDICINE

Period of Significance

1896- 1965

Significant Dates

1896, 1906, 1911

1928, 1954, 1954

Significant Person

(Complete only if Criterion B is marked above.)

Cultural Affiliation

Architect/Builder

FLAGG, ERNEST

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Statement of Significance Summary Paragraph (Provide a summary paragraph that includes level of significance, applicable criteria, justification for the period of significance, and any applicable criteria considerations.)

St. Luke's Hospital is significant under National Register Criterion A in the area of medicine as an important example of a late nineteenth/early twentieth century urban hospital, reflecting the evolving role of hospitals in providing medical care in New York City. St. Luke's represents the development of large charitable hospitals that integrated the care of "private patients." In 1893, Ernest Flagg conceived a twelve-building master plan for the new campus of St. Luke's, which had originally opened in 1854 as one of New York City's earliest denominational charitable hospitals. St. Luke's had selected for its new site a full city block in Morningside Heights. The expansive, forward-looking plan reflected the increasingly central role of hospitals in providing comprehensive, scientifically sophisticated medical services to an urban population. It provided not only for the advantageous siting of patient wards and a chapel, both reflecting the traditional ministrations of a nineteenth-century charitable hospital, but also additional structures necessary for a modern hospital's expanding functions. These included housing for nursing staff, which emerged as a trained profession in the late nineteenth century; laboratory and surgical facilities, reflecting more scientifically advanced medical research and treatment; and administrative and physicians' offices, reflecting the complex administration of such a modern institution, and the integration of doctor's private practices into hospitals. In the initial 1893-96 building campaign, five pavilions and two smaller buildings were erected according to the master plan. Over the next 30 years, three more pavilions were built, adapting the master plan to the institution's evolving requirements. These included two private patients' pavilions, reflecting the increasing use of hospitals by more affluent New Yorkers, and one pavilion housing outpatient services—once the domain of separate "dispensary" institutions; but, by the twentieth century, largely integrated into hospitals. In the twentieth century, the hospital continued to expand, establishing integrated specialist departments, and was the site of numerous research and treatment advances. The additions constructed in the later twentieth century were not constructed with any consideration to Flagg's plan, or to the scale, style or materials of the Flagg buildings; however, they represent later trends in health care planning as well as the substantial postwar expansion of the hospital.

St Luke's is also significant under Criterion C in the area of architecture as an early and important work of important American architect Ernest Flagg that reflects related developments in the architectural design of hospitals. Flagg made advances in the pavilion scheme for American hospitals, an arrangement seen as functional and healthful in providing light and fresh air and preventing the movement of germs. Where traditional pavilion-plan hospitals featured low-slung pavilions separated by large areas of open space, Flagg designed a series of pavilions that were positioned near each other but still fully isolated by "fresh air cutoffs." The relatively tall pavilions stacked more floors than earlier pavilion hospitals, while maintaining standards of ventilation and protection against contagion; they were differentiated by function, representing the various treatment, scientific, administrative, housing and other aspects of the increasingly complex modern hospital. The hospital also represented a departure from the red-brick Romanesque Revival style that had dominated institutional architecture in New York City in the later nineteenth century. The French Renaissance Revival style of the St. Luke's Pavilions, derived from

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palatial seventeenth-century Parisian models, gave the array of pavilions a unified design expression despite their complex differentiation in program and plan, and was a milestone in the introduction of Beaux-Arts style institutional architecture to New York. Following World War II, St. Luke's Hospital expanded significantly in line with the overall growth of that sector in the city, and through consolidation with other institutions, adding new buildings that departed from the obsolete Flagg plan and reflected typical postwar compact "block" hospital planning in a Modern style.

The period of significance of St. Luke's Hospital spans from the completion of the first Flagg-designed buildings in 1896 until the completion of the last historic addition, constructed in 1965. This period reflects the both the architectural evolution of the hospital and the expansion of its medical services and facilities during the twentieth century. The Service and Research Building (1971) and the addition to the Women's Annex (1992) were completed after the period of significance.

Narrative Statement of Significance (Provide at least **one** paragraph for each area of significance.)

Morningside Heights

St. Luke's Hospital was among the early and significant institutions that contributed to making Morningside Heights the "Acropolis" of Manhattan. As envisioned in the hospital's annual report of 1892, "it will be one of an important group of buildings for charitable and educational purposes, which are to be located in this vicinity." Already in the early nineteenth century, this area, though mostly undeveloped, was the location of two charitable institutions: the Bloomingdale Insane Asylum (1818-21; expanded numerous times over the course of the nineteenth century) east of Broadway and north of West 114th Street, and the Leake and Watts Orphan Asylum (1837-43), east of Amsterdam Avenue between West 109th and West 113th Streets. In anticipation of development and the laying out of streets, the city provided for two picturesque parks that flanked the Heights: Riverside Park and Drive (plan 1873-75, construction 1875-1902, Frederick Law Olmsted and Calvert Vaux), near the North (Hudson) River shore, and Morningside Park (plan 1873; revised plan 1887, Olmsted and Vaux), along the steep and rocky cliffside that separated the heights from the Harlem plain. Among the effects the park designers attempted on the difficult terrain of Morningside Park was "the aggrandizing of the view downward and eastward from the west side, and the freshening, gracing and enriching of the view upward and westward from the east side." Construction of the park's massive stone retaining wall along Morningside Drive, with its entrances and stairs, took place in 1881-87, under the plans and supervision of Jacob Wrey Mould, Julius Munckwitz, and Montgomery Kellogg. The park was completed in 1895.

The Cathedral of St. John the Divine was the first of the institutions that planned to construct a new edifice in Morningside Heights in the late nineteenth century. Planned in 1887 for the Leake and Watts site, the cathedral was built from 1892 to 1911 according to a design by Heins & LaFarge and, after 1916, to one by Ralph Adams Cram. In 1891, Columbia College announced that it would move its campus from

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midtown, near the old St. Luke's Hospital site, to the Bloomingdale Asylum site (after the asylum moved to White Plains in 1889). A campus plan was devised in 1894 by Charles F. McKim of McKim, Mead & White. The initial buildings (1894-97), designed by McKim, Mead & White, included the centerpiece Low Library (National Register listed, 1987). Renamed Columbia University in 1896, it opened to classes in 1897. Columbia was followed by Teachers College, for which a site north of Columbia was purchased in 1892, and Barnard College, west of Columbia, for which a site was acquired in 1895. Among the other charitable and religious institutions that gathered on the heights were: the Home for Old Men and Aged Couples (1896, Cady, Berg & See; demolished), Amsterdam Avenue and West 112th Street; St. Luke's Home for Indigent Christian Females (1897, Trowbridge & Livingston); Woman's Hospital (1902-06, Frederick R. Allen; demolished), Amsterdam Avenue and Cathedral Parkway; Union Theological Seminary (1906-10, Allen & Collens, NR listed, 1980), Broadway and West 120th-122nd Streets; the Juilliard School (1910, Donn Barber, later the Manhattan School of Music), Claremont Avenue and West 122nd Street; and Eglise de Notre Dame (1909-10, Daus & Otto; 1914, Cross & Cross; NR listed, 1980), Morningside Drive and West 114th Street; the Jewish Theological Seminary (1930, Gehron, Ross and Alley), Broadway and West 122nd Street; and Riverside Church (1930, Allen & Collens; NR listed, 2012), Riverside Drive between West 121st and West 122nd Streets.

The Development of Charitable Hospitals in New York City

The development of hospitals in the United States was closely linked to urbanization from the nation's early days. In the early nineteenth century, there were only four purpose-built hospital buildings in the U.S.: Charity Hospital in New Orleans, LA, the Pennsylvania Hospital in Philadelphia, PA, New York Hospital in New York, NY, and the Massachusetts General Hospital in Boston. By 1873, when the first national survey of the country's hospital facilities was conducted, 53 of the U.S.'s 178 hospitals were located in New York, its largest city.³

New York's first hospitals were established in the eighteenth century, including the Almshouse infirmary founded in 1736 (from which Bellevue Hospital, founded in 1819, was descended), New York Hospital (opened 1791) and the Society for the Lying-In Hospital, opened a year after the city's 1798 yellow fever epidemic.⁴ Also in 1791, the New York Dispensary was opened. Dispensaries, which provided medical attention in patients' homes, were a complementary urban medical institution to the early hospitals and the forerunner to the outpatient facilities later integrated into hospitals.⁵

In the nineteenth century, hospitals were generally charitable institutions that principally served the poor, while the city's wealthy more typically received medical care in their homes. Hospitals did accept paying patients as well as those receiving free care under charitable auspices. However, they were typically

³ E.H.L. Corwin, *The American Hospital* (New York: The Commonwealth Fund, 1946), 6, 179.

⁴ Sandra Opdycke, *No One Was Turned Away: The Role of Public Hospitals in New York City Since 1900* (Oxford: Oxford University Press, 1999), 18-19.

⁵ Corwin, *The American Hospital*, 165; E.H. Lewinski-Corwin, *The Hospital Situation in Greater New York* (New York: G.P. Putnam's Sons, 1924), 5.

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housed and treated in the same wards, the only difference being that paying patients were excused from performing services as the "free" patients were required to do as able.⁶

Over the course of the century, a number of charity hospitals, many affiliated with religious denominations or national groups, were established in New York, including St. Vincent's (Roman Catholic, 1849), St. Luke's (Episcopal, opened 1854), the Jews' Hospital (1855, later Mount Sinai), Beth Israel (1891), and the German Hospital (1868, later Lenox Hill). The Society for the Relief of Worthy Aged Indigent Colored Persons, established in 1839, principally as an old-age home for black people, evolved into the Home and Hospital for Colored People and later the Lincoln Hospital and Home. Other hospitals were formed for specialized purposes, including the Woman's Hospital (1855, later merged with St. Luke's), hospitals specifically for children, and maternity facilities for unwed mothers. In addition, smaller neighborhood hospitals catered to patients of modest means seeking to avoid the stigma of charity hospitals.

Those smaller neighborhood institutions were displaced by the growth and increasing sophistication of larger hospitals in the late nineteenth and early twentieth centuries. Accelerating urbanization and denser living conditions made home care less practical, while overall economic growth afforded more financial support for hospitals. Advancements in medical science, particularly surgery, were accompanied by more sophisticated and extensive equipment, and larger staffs of specially trained personnel, including nurses, whose training was increasingly conducted by hospitals, which also often housed many nurses. Hospitals became increasingly central to the medical care system beyond the care of the patients within their walls; independent dispensaries were replaced by hospital outpatient services, and the city's physicians increasingly affiliated themselves with hospitals.⁷

These developments made hospitals larger and more complex institutions, requiring larger and more specialized buildings, including not just patient wards, but operating theaters, laboratory and administrative spaces, outpatient facilities and training and living areas for nurses and medical students. Later in the century, these advances in medical equipment and facilities attracted wealthier New Yorkers to these larger hospitals, which began providing private accommodations for paying patients, in addition to the customary open wards for charity care. Private services also provided a needed source of additional revenue.⁸

The Hospital Building Type

While purpose-built hospital buildings in the U.S. in the early nineteenth century drew on existing European examples, they were few in number, and, due to the lesser size of American cities, smaller and

⁶ Corwin, *The American Hospital*, 63-64.

⁷ Corwin, *The American Hospital*, 9-11.

⁸ Opdycke, *No One Was Turned Away: The Role of Public Hospitals in New York City Since 1900* (Oxford: Oxford University Press, 1999), 20; David Rosner, *A Once Charitable Enterprise: Hospitals and Health Care in Brooklyn and New York, 1885-1915* (Princeton, N.J.: Princeton University Press, 1987), 13, 16-17, 65.

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simpler buildings, often “modeled on houses.” In this period before specialized and technologically developed clinical treatment, ward spaces were designed less for medical requirements than for the efficient deployment of philanthropic resources; a ward that could contain the most patients under the oversight of one nurse “minimized nurse staffing requirements;” circulation often passed through the patient wards.⁹ (St. Luke's Hospital's original 1854 building represented an innovation in hospital design by deliberately separating circulation corridors from wards.) These early hospitals were thus compact in plan, contained in a single structure, often tripartite in form: a central administrative section and two wings containing separate wards for male and female patients, in an “H”, “U” or linear plan. Major institutions that grew over the course of the early 19th century were enlarged in a piecemeal fashion with new wings or buildings, creating plans that were larger and more complex but did not reflect an overarching coherent design.¹⁰

The growth of hospitals in general in the first half of the nineteenth century was limited by their evident limitations as health care facilities. Illness communicated among patients, and “hospital diseases” attributed to their own insalubrious environments, resulted in evident “excess mortality” within hospitals.¹¹ However, in the second half of the 19th century, most new U.S. hospital buildings reflected the acceptance of the “pavilion plan,” which had emerged in England and France in the eighteenth century, intended to eliminate “hospital disease” by banishing what were believed to be the environmental causes of disease.

Before scientific discoveries by Louis Pasteur and Robert Koch in the 1870s and 1880s gave rise to the germ theory of infectious disease and to the development of antiseptics, disease was thought to originate not through transmission between people, but environmentally, from contaminated air arising from noxious rotten matter. The pavilion plan was developed under the influence of famed British nurse Florence Nightingale through her treatise *Notes on Hospitals* (1863). It prioritized thorough ventilation, calling for a separation of wards into distinct buildings with maximum natural ventilation. The original pavilion hospitals were typically composed of long, narrow pavilions that were functionally independent, widely separated and connected by open or enclosed corridors.¹² Proponents of the pavilion plan urged that hospitals be laid out over a wide area, to maximize the flow of air around and through each pavilion, and exposure to sunlight throughout the day, and built with as few stories as possible to allow sufficient vertical ventilation. Arrangements of pavilions included the “serrated” plan, in which narrow pavilions branched off a single spine corridor, such as New York City's Roosevelt Hospital and State Emigrant Hospital on Ward's Island; pavilions laid out to form a hollow square, exemplified in New York City by Richard Morris Hunt's Presbyterian Hospital (1872) and the Woman's Hospital.

⁹ Kisacky, *The Rise of the Modern Hospital* (Pittsburgh, Pa.: University of Pittsburgh Press, 2017), 15; Corwin, *The American Hospital*, xx..

¹⁰ Kisacky, *The Rise of the Modern Hospital*, 38.

¹¹ Kisacky, *The Rise of the Modern Hospital*, 22.

¹² “St. Luke's Hospital,” *Brickbuilder* 5, no. 2 (February 1896), 20; Kisacky, *The Rise of the Modern Hospital*, 23.

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One of the most prominent examples of the pavilion plan in the U.S. was the Johns Hopkins University Hospital, constructed between 1877 and 1889, to a design supervised by Dr. John S. Billings, an authority on hospital construction and exponent of the pavilion plan.

The advent of germ theory discredited the attribution of disease to purely environmental sources like bad air, and antiseptic techniques were introduced to combat microbial infection. However, given the understanding that pathogens were airborne, the pavilion plan, with its focus on physical separation and constant intake of fresh air, remained an important measure taken against contagion. It remained the guiding principle behind hospital design through the rest of the nineteenth century and into the twentieth. Johns Hopkins Hospital in Baltimore, Md. (1877-1889) is one of the most prominent examples of a pavilion-plan hospital. It was designed under the supervision of Dr. John S. Billings, a widely published exponent of that design, with knowledge of germ theory. The design retained the overall arrangement and separation of pavilions. In consideration of germ theory, it included ventilation systems designed to exhaust each patient's space individually, and introduced an "isolation ward," so that patients posing known contagion dangers could be removed from common wards and placed into solitary quarters.¹³ At the same time, the implications of germ theory did begin to provoke departures from the traditional pavilion plan. The new building constructed by New York Hospital in 1877, designed by George B. Post, was a single building of seven stories, far more than considered advisable under the pavilion plan.

Nevertheless, the pavilion plan remained the dominant spatial language of hospitals until the 1920s. However, organization of hospitals within pavilions did evolve with the advancement and specialization of medical science. While in the original pavilion-plan hospitals, each pavilion was an identical, self-contained unit, later versions (including Ernest Flagg's St. Luke's Hospital) saw the differentiation of pavilions' functions, such as dispensary and outpatient services, diagnostic and research laboratories, nurses housing, and private patient wards.¹⁴

The 1920s saw a boom in hospital construction. Advances in antiseptic technique, and their application during World War I, further diminished the credence in "environmental" disease factors that dictated the pavilion plan. This brought new flexibility to hospital massing design, and considerations of efficiency encouraged compact plans that stacked hospital functions, leading to the "block" hospital type. High-rise hospitals proliferated, including, in New York, the nine-story Fifth Avenue Hospital (York & Sawyer, completed 1921), and 13-story Beth Israel (completed 1929). (Both notably were composed entirely of patient rooms, rather than wards, another trend in twentieth-century hospital design. Hospitals, originally conceived as welfare or charity institutions, in the twentieth century came to symbolize medical and social progress.¹⁵)

¹³ Kisacky, *The Rise of the Modern Hospital*, 92.

¹⁴ Kisacky, *The Rise of the Modern Hospital*, 130-134..

¹⁵ Julie Willis, Philip Goad and Cameron Logan, *Architecture and the Modern Hospital: Nosokomeion to Hygeia* (London: Routledge, 2019), 154.

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High-rise hospitals were often organized as a tower on a podium, with the set-back upper floors containing patient quarters enjoying more light and air, set atop a base containing diagnostic and other facilities, exemplified by New York's Memorial Hospital building of 1939 (James Gamble Rogers). Larger institutions expanded both vertically and horizontally; New York's Columbia-Presbyterian (James Gamble Rogers, 1928) and New York Hospital-Cornell (Coolidge, Shepley, Bulfinch & Abbott, 1932) medical centers each resembled "medicalized high-rise neighborhoods."¹⁶

As the hospital building came into its own as a distinct typology with the pavilion plan, hospital design was more centered on plan than façade, compared to other civic, residential or commercial buildings. Gothic and Romanesque styles, less dependent on formal symmetry than neoclassical styles, were often employed to ornament the resulting irregular building configurations.¹⁷ In New York, Victorian Gothic and Romanesque Revival styles were also predominant among major institutions more generally at the time, and many hospitals followed suit, including the prior St. Luke's Hospital (John Warren Rich, 1854); the Roosevelt Hospital (1869-72; merged with St. Luke's in 1979); Presbyterian Hospital's administration building (Richard Morris Hunt, 1872); and New York Hospital (George B. Post, 1877). Flagg's French Renaissance design for St. Luke's represented a significant stylistic departure from these hospital predecessors, but was also in keeping with the broader Beaux Arts turn to Renaissance revival styles at the end of the century. High-rise hospitals in the 1920s and 1930s "increasingly embraced the style of progressive American high-rise office buildings."¹⁸

*St. Luke's Hospital*¹⁹

St. Luke's Hospital, New York City's fourth oldest, traces its origins to the fundraising efforts begun in 1846 on behalf of the sick poor by the Rev. Dr. William A. Muhlenberg, rector of the Episcopal Church of the Holy Communion. The hospital was incorporated in 1850, and patients were at first treated in 1854 at an infirmary run by the Sisters of the Holy Communion on Sixth Avenue near West 20th Street. The first St. Luke's Hospital (1854-58, John W. Ritch), a brick-clad Romanesque Revival style edifice with a towered central pavilion, was constructed on West 54th Street at Fifth Avenue. By 1892, as indicated in King's Handbook, "the popularity of St. Luke's has been such as to make larger accommodations necessary." Additionally, the building was by then inadequate as a medical facility, and the land was quite valuable as the surrounding neighborhood had changed.

¹⁶ Kisacky, *The Rise of the Modern Hospital*, 256.

¹⁷ Kisacky, *The Rise of the Modern Hospital*, 120.

¹⁸ Willis, Goad and Logan, *Architecture and the Modern Hospital*, 157.

¹⁹ Sections on significance of St. Luke's Hospital, Morningside Heights, Ernest Flagg, and Plant and Scrymser Pavilions are mostly adapted from the New York City Landmarks Designation Report, "Plant and Scrymser Pavilions for Private Patients, St. Luke's Hospital" (2002).

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In February 1892, the hospital purchased a block-long site for a new complex, just north of the recently planned Cathedral of St. John the Divine. The site, also next to Morningside Park (then under construction), was between West 113th and West 114th Streets and Morningside Drive and Amsterdam Avenue. The trustees of both Episcopal Church-affiliated institutions saw a mutually beneficial relationship in their proximity, one that would enhance the architecture and setting of each. St. Luke's 1892 annual report touted the healthful aspects of the location: "The new Hospital will have an abundance of light and air, being on a plateau about one hundred feet above the level of the Harlem flats, with an unobstructed exposure to the south and east." Being adjacent to and above the new park also provided the hospital with the great benefits of quiet, scenic views, and refreshing greenery.

St. Luke's held a competition for the design of its proposed complex. Cornelius Vanderbilt II was chairman of the hospital's executive committee and also served on the building committee. The Beaux Arts-trained architect Ernest Flagg, a "surrogate son" to Vanderbilt and a first cousin of Vanderbilt's wife, Alice Gwynne, was selected in November 1892, despite his having only started his practice and not having a constructed building to his credit. The *Real Estate Record & Guide* reported in December that "Flagg is to have the co-operation and advice of Charles W. Clinton in the preparation of the working drawings and any modification of his scheme as originally submitted," an indication that the hospital considered an experienced architect essential to the project. The hospital's board had required that Flagg provide fireproof buildings constructed with materials that inhibited germs, with maximum southern exposure and adequate heating and ventilation. The building committee also reserved the right to make modifications after Flagg was awarded the commission. The master plan was revised and adopted in January 1893.

Ernest Flagg

Ernest Flagg (1857-1947) was one of the United States' most prominent exponents of Beaux-Arts architecture, as well as a major urban housing reformer. Although he later became known for his major institutional projects, St. Luke's Hospital was not only his first hospital commission it was also his very first independent commission. As such, it influenced his subsequent career designing hospitals and other institutions. Ernest Flagg was born in Brooklyn, the son of an Episcopal clergyman and portrait painter, Jared B. Flagg. After attempting a business career, he ventured into real estate in 1880-83, designing floor plans for architects Philip G. Hubert and Charles W. Clinton for several early cooperative apartment buildings financed in part by Flagg's father. Flagg was fortunate throughout his career in enjoying the patronage of family and friends. He was a first cousin of the wife of Cornelius Vanderbilt II, who asked his advice on possible alterations to his Fifth Avenue mansion (1880-82, George B. Post). It was Vanderbilt who sponsored Flagg's 1888-90 attendance at the Ecole des Beaux-Arts in Paris, where he studied in the atelier of Paul Blondel. Upon his return to New York City in 1891, Flagg established a practice that included former Ecole classmates John P. Benson and Albert L. Brockway. His first commission, almost certainly obtained through the influence of Vanderbilt, was the design of St. Luke's Hospital. Flagg was subsequently selected to design the Corcoran Art Gallery (1892-97), Washington,

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D.C. Following the success and model of St. Luke's, he designed three other hospitals: St. Margaret Memorial Hospital (1894-98), Pittsburgh, and the Naval Hospitals in Washington, D.C. (1903-06) and Annapolis, Maryland (1904-07). Through his brother-in-law, Charles Scribner, he received the commissions for two Scribner Buildings (1893-94 and 1912-13), 153-157 Fifth Avenue and 597 Fifth Avenue.

After 1894, Flagg was associated for several decades with Walter B. Chambers, a close friend from the Ecole. They maintained separate architectural practices but shared offices and expenses, with Chambers acting as office manager and handling much of Flagg's business until 1907. Flagg and Chambers were two of the founders of the Society of Beaux-Arts Architects in 1894. They produced the designs for Fire Engine Companies No. 67 (1897-98), 514 West 170th Street, and No. 33 (1898-99), 44 Great Jones Street.

Flagg had a long, distinguished, and varied practice. He designed a number of elegant city and country residences for the wealthy. In 1896, he was selected to design a new campus for the U.S. Naval Academy, Annapolis; ten buildings were constructed (1899-1908). Flagg was long interested in the question of low-cost housing and produced a number of notable projects: accommodations for working men, sponsored by philanthropist Darius Ogden Mills, including Mills House No. 1 (1896-97), 160 Bleecker Street; the Alfred Corning Clark Buildings, model tenements built on the Upper West Side of Manhattan by the City and Suburban Homes Co. (1896-98, demolished) and the New York Fireproof Association (1899-1901, partly demolished); and the Flagg Court Apartments (1933-37) in Bay Ridge, Brooklyn. He also developed a system of stone-concrete construction which he used on several cottages on his own estate (1898 to 1925) on Staten Island. For the Singer (Sewing Machine) Manufacturing Co., he designed the Little Singer Building (1902-04), 561-563 Broadway (a.k.a. 88 Spring Street), a loft structure executed in brick, terra cotta, and metal latticework, and the 47-story Singer Building (1906-08, demolished), the world's tallest office tower at the time, which incorporated two earlier Flagg-designed structures at its base. An interesting later work was the Memorial Church of the Huguenots (1923-24), 5475 Amboy Road, Staten Island, which employed a vernacular Norman style and concrete and rubble stone construction. Flagg continued to practice architecture until 1940.

Ernest Flagg's Pavilion Plan for St. Luke's

Flagg's plan for St. Luke's went beyond many predecessors in the pavilion scheme for American hospitals that had become standard in the late nineteenth century in maximizing the autonomy of the pavilions by full physical separation and open-air connections, rather than relying on the length of connecting corridors. Reducing the space between pavilions was also advantageous in utilizing the hospital's building site, in the dense and expensive urban context of Manhattan. This was a key departure by Flagg from a pavilion model he drew on, the John Hopkins Hospital (1877-89, John S. Billings and John R. Niemsee, Baltimore, listed on the National Register of Historic Places in 1975). Johns Hopkins

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Hospital had "linear" pavilions "distantly strung together" by enclosed corridors, which Flagg saw as "potential germ conduits."²⁰

Flagg's final plan featured nine separate pavilions, square in plan, arranged symmetrically around a central, domed administrative pavilion and connected by arcaded wings. Only the central five buildings were planned in detail, with the four at each end of the block to be developed according to future needs and resources. However, the original plan envisioned that patient pavilions be arrayed along West 113th Street, where the wards would receive southern exposure, and ancillary spaces would be located on the north half of each floor. The West 114th Street frontage would be given to nurses' housing, doctors' offices and administrative facilities, and possibly a building for private patient rooms, in pavilions with interior light courts. Some of Flagg's architectural features actually masked mundane functions: large chimneys were ventilating shafts; corner turrets held stairs and toilets; and the central pavilion's dome housed the hospital's operating theater and water tank.

The architecturally distinguished pavilions at St. Luke's were designed in a French Renaissance Revival style. Flagg acknowledged that "the general appearance of the pavilions will be somewhat similar to those of the Luxembourg, in Paris," a reference to the garden front extension of the Luxembourg Palace (1836-41, Salomon de Brosse and Alphonse de Gisors). Flagg's initial pavilions were clad in rusticated granite, Piedmont (Georgia) marble, and buff-colored brick, with dormered mansard roofs covered with red tile. The complex evoked the tradition of the seventeenth-century "palace hospital," such as the Hotel des Invalides (1670, Liberal Bruant and Jules Hardouin Mansart), Paris, and the Royal Naval Hospital (1694, Christopher Wren), Greenwich. At the same time, St. Luke's represented a significant break away from the red brick Victorian institutional buildings characteristic of New York City and was a milestone in the introduction of Beaux-Arts style institutional architecture to New York.

Brickbuilder called Flagg's "arrangement of the building... an entirely new departure in hospital construction...an attempt to secure all the advantages of the pavilion system without the disadvantages."²¹ *Scientific American* noted at the time that in traditional pavilion hospitals, "The expedient of widely separating the wards is resorted to."²² But by connecting St. Luke's by passages with shorter but fenestrated arcades serving as "fresh-air cutoffs," the pavilions could be open to light and air on all four sides and also arranged efficiently for convenient access between them in a more compact plan, suited to the space restrictions of a costly urban site. Though the displacement of the "bad air" conception of disease by germ theory eventually reduced the emphasis on ventilation, Flagg's emphasis on separation of the pavilions on all four sides was consonant with efforts to contain the spread of germs. Flagg's design contributed to the continued popularity of the pavilion plan into the twentieth century and influenced such

²⁰ Bacon, Ernest Flagg: *Beaux-Arts Architect and Urban Reformer*, 95.

²¹ "St. Luke's Hospital," *Brickbuilder* 5, no. 2 (February 1896), 20.

²² "St. Luke's Hospital," *Scientific American Building Edition* 23, no. 1 (January 1897), 16.

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hospitals as New York's Mount Sinai Hospital building of 1905 (Arnold W. Brunner) and McKim, Mead & White's Bellevue Hospital of 1911.²³

Ground was broken for the hospital in February 1893 and the cornerstone was laid in May. Five of the central pavilions were constructed in 1893-96: the domed administrative Muhlenberg Pavilion; the Norrie (men's ward) and Minturn (women's ward) Pavilions, facing West 113th Street; and the Vanderbilt (nurses' residence) and Chapel Pavilions, facing West 114th Street. The complex also included two small detached buildings, an Ambulance Stable with apartments for drivers and stablemen and the Pathology Building, which mirrored each other in design.

There were numerous delays in construction and squabbles with contractors, due in part to Flagg's inexperience and combative personality. The result, however, was one of the city's most architecturally notable institutional complexes and one that was planned with efficiency and economy. Mardges Bacon, in her monograph on Flagg, identified his "economy of design whereby all identical services and facilities ... were stacked vertically within a skyscraper format" here.²⁴ The cost of construction was nearly \$1.7 million. *King's Handbook* in 1893 had noted that "other pavilions will be built as the money is furnished and the necessities of the work require."²⁵ Adequate hospital funding, however, proved to be a problem. Of the planned additional five pavilions, only three were eventually constructed, all designed by Flagg: Plant (1906), Travers (1911) and Scrymser (1928) pavilions.

These three later pavilions continued the intentions of the original master plan while accommodating changes in St. Luke's Hospital's needs and functions over the coming decades. Plant and Scrymser pavilions were both built as private patients' pavilions, reflecting the increasing importance of such facilities to hospitals, while Travers housed outpatient facilities, reflecting the absorption of such medical services into the functions of hospitals in general. While Plant and Travers adhered closely to the facade designs of the original plan, the later Scrymser Pavilion exhibited a somewhat simplified iteration of the design but used the same materials and general composition.

The Original Master Plan Buildings: Minturn, Chapel, Muhlenberg Pavilions and Ambulance Stable (Ernest Flagg, 1896)

The cornerstone of the new hospital was laid on May 6, 1893. Initial construction consisted of the domed administration building, designated the Muhlenberg Pavilion; the chapel; two pavilions on West 113th Street—Minturn to the east of Muhlenberg and Norrie to the west; Vanderbilt Pavilion on West 114th to the west of the chapel; and two small buildings in the middle of the block: an ambulance stable with apartments for the ambulance drivers and stableman to the east, and a pathology building to the west. The buildings were constructed of light buff brick with white Georgia marble trim and yellow brick

²³ Bacon, *Ernest Flagg: Beaux-Arts Architect and Urban Reformer*, 97.

²⁴ Bacon, *Ernest Flagg: Beaux-Arts Architect and Urban Reformer*, 97.

²⁵ Moses King, *King's Handbook of New York City, Volume 1* (Boston: Moses King, 1893), 473.

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highlights. Flagg not only designed these early pavilions, but he was closely involved with every aspect of their construction. That process included a number of delays and conflicts between Flagg and suppliers, contractors, and the St. Luke's Building Committee. Patients eventually began to move into the new St. Luke's buildings in January 1896, with the stable and pathology building completed a few months later.

The complex focused on the central Muhlenberg Pavilion, which was modeled after the Luxembourg Palace in Paris, crowned by a dome and capped by a lantern and a cross; statues of the four evangelists were set around the base of the dome. To the rear was the chapel wing, with an interior inspired by seventeenth-century French ecclesiastical architecture and a large stained glass window by English artist Henry Holiday. The window's theme was Christ the Consoler, with roundels representing the Seven Acts of Mercy.

Under the original master plan, the first pavilions on West 113th Street were to contain patient wards. Those on West 114th Street would have offices and housing for hospital staff and other non-treatment uses and were planned to have lower ceilings and thus more stories in the same height. None of the West 113th Street ward buildings were to have stairs or elevators within them to prevent the internal circulation of impure air. Vertical circulation was provided by two large stairs on the east and west sides of the administration building, where the diagonal open-sided connectors from the pavilions met it and, for the future pavilions, in a stairwell in the connectors to the northern buildings. Minturn and Norrie were built accordingly. On West 114th Street, Vanderbilt Pavilion, which contained housing for nurses, was built with rooms in galleries around an open glazed court, with open stair. The future buildings on West 114th, including a possible private patient's pavilion to the east of the chapel, and two other non-treatment buildings, were originally planned similarly.

Margaret J. Plant Pavilion for Private Patients (Ernest Flagg, 1906)

A pavilion for private patients, originally planned as one of the first six St. Luke's buildings, was to be located to the northeast of the Muhlenberg Pavilion; however, this was not built immediately. "Private patients" were those with the financial means to afford "privacy and luxury" during treatment in a hospital setting. It was not until 1903 that St. Luke's actually had the opportunity to construct a private patients pavilion. In October, hospital president George MacCulloch Miller received a letter from Margaret J. Plant offering to donate funds for a new pavilion. The new pavilion was to be located at the northwest corner of Morningside Drive and West 113th Street, connected to the Minturn Pavilion, and to have "general features" similar to the earlier pavilions, except that it would be somewhat taller due to the slope of the site. Miller stated that "not only will the new pavilion offer superior accommodations for patients who are able to pay for them, but it will also enable us to treat charity patients to an extent never before permitted." Margaret Josephine Loughman Plant's \$400,000 bequest was part of her inheritance from her husband, Henry Bradley Plant (1819-1899), who had developed an extensive transportation empire in the U.S. South. In November 1903, the hospital's executive committee adopted general plans by Ernest Flagg for the Plant Pavilion. These were then submitted to the hospital's medical board, which

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voiced a number of specific objections to the plans. After modifications to the plans by Flagg, the medical board accepted them in January 1904. Flagg filed New Building application #179 of 1904 for the construction of the Plant Pavilion in April. The eight and-a-half-story (plus basement) structure was expected to cost \$400,000 and was planned to be clad in "marble and granite through the lowest two stories and of light pressed brick and ornamental terra cotta above." Construction began in May 1904. The 1905 annual report stated that "by reason of strikes, and other obstacles, the opening of this Pavilion will have to be postponed." By January 1906, the anticipated cost had surpassed the Plant bequest by at least \$66,000. Construction of the pavilion was completed in August 1906, and it was dedicated on St. Luke's Day, October 18, 1906. The first patients were received in November.

The Plant Pavilion for Private Patients, the sixth of the Flagg-designed pavilions to be built at St. Luke's, generally followed the original master plan. However, there is no indication that the architect had any responsibility for supervising its construction. Its French Renaissance Revival style facades are similar to the earlier ones in overall form, but there are variations in the ornamental details and it was decorated with wrought-ironwork. The pavilion is roughly C-shaped in plan around a light court on the north side, with a connector structure of six stories of passageways leading to Minturn Pavilion. Its original layout consisted of: culinary, hydrotherapeutic, and electro-therapeutic departments and servants' quarters in the basement; chambers, a parlor, and doctors, examining, dining, reception, and servants' rooms on the ground story; sixty-five private patient rooms and nurses, serving, and sterilizing rooms on the second through sixth stories; pavilion staff quarters and a superintendent's residence on the seventh story; operating, nurses, etherizing, sterilizing, surgeons, and recovery rooms and a solarium on the eighth story; and isolation and nurses rooms and a roof garden on the partial top story.

Travers Pavilion (Ernest Flagg, 1911)

The next pavilion to be constructed at St. Luke's after the Plant Pavilion was the Travers Pavilion (1908-11). Mary Travers Heckscher, who died in 1900, left a bequest to be used to erect a building as a memorial to her parents, William R. and Maria L. Travers.²⁶ Flagg filed a New Building application for the Travers Pavilion in 1909 (NB #221 of 1909). Located to the east of the Chapel Pavilion along West 114th Street, Travers matched the exterior design of the original master plan, mirroring the Vanderbilt Pavilion that had been built in the initial campaign on the other side of the Chapel. However, the program for the pavilion on this site had changed since the original master plan envisioned private patient accommodations there. Travers housed the outpatient department on two floors, dormitory quarters for servants, and, on the upper level, solaria and roof wards for outdoor and fresh-air treatment. The basement contained a drug department, carpenter and paint shops, ice making and refrigerating machinery, and a coal vault. Travers Pavilion, reported to cost \$250,000, formally opened in October 1911.²⁷

²⁶ "St. Luke's Hospital Report," *New York Times*, Oct. 19, 1909.

²⁷ "Travers Pavilion, St. Luke's Hospital," *The New York Architect* 5, no. 54 (June 1911), 112, 114, 116, 118.

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Scrymser Pavilion for Private Patients (Ernest Flagg, 1928)

At the time of construction of Travers, the hospital also identified the need for a second pavilion for private patients, but there was to be a delay of a decade and a half due to the lack of necessary funding. The hospital's executive committee's minutes for December 1925 indicated that plans for a "New Private Patient's Pavilion" had been drawn up by Ernest Flagg and accepted. The pavilion was to be located at the southwest corner of Morningside Drive and West 114th Street. Flagg filed a New Building application for construction in June 1926 (NB #308 of 1926); the pavilion was expected to cost \$800,000. Construction began in October. The annual report of 1927 noted that the "Scrymser Pavilion for Private Patients is... approaching completion. It is named 'Scrymser Pavilion' in recognition of the munificent bequest to the Hospital under the will of James A. Scrymser." Scrymser (1839-1918) was a capitalist and pioneer in the development of telegraph cable lines in the Western Hemisphere. Scrymser's fortune was inherited by his widow, Mary Catherine Prime Scrymser. After her death in July 1926, the "James A. Scrymser Legacy" was listed under endowment funds in St. Luke's 1927 Annual Report as \$1.125 million.

Construction of the Scrymser Pavilion was completed in January 1928. It was dedicated on February 26, 1928, and received patients on March 1. Total costs of the pavilion, as reported in the 1927-29 Annual Reports, reached \$1.064 million. The Scrymser Pavilion for Private Patients, the eighth and last of the Flagg-designed pavilions at St. Luke's, also generally followed the original master plan. It is roughly C-shaped in plan around a light court on the south side, with a southern wing that connects it to the Plant Pavilion. In contrast to the earlier buildings, its design is simplified and mostly devoid of French Renaissance Revival style ornament, which was in keeping with contemporary architectural trends of the 1920s. It had upper terraces and loggias instead of a mansard roof. It is also clad mostly in brick, which is of a slightly yellower hue than the original brick. The Scrymser Pavilion was one of Flagg's last projects (in fact, one of his last two Manhattan projects), completed thirty-six years after his having been awarded the original St. Luke's commission. The pavilion's original layout consisted of locker room, toilets, kitchen/cafeteria, and store rooms in the basement; private patient rooms and serving, nurses' and sterilizing rooms on the first through seventh stories, as well as a loggia on the seventh story of the southern wing and operating, etherizing, sterilizing, nurses' and pathology rooms on the eighth story, as well as terraces on the southeast, northeast, and northwest corners and a roofed terrace on the southern wing. The only evidence of the ninth-story layout is a 1944 alteration plan which indicated operating, sterilizing, urology, and supply rooms, as well as manager's, registrar's, cashier's, and general offices and files (this level originally had loggias). The connector to Plant Pavilion, constructed with Scrymser, has iron balconies overlooking Morningside Park and is surmounted by a terrace.

The Evolution of the Hospital Building Type After World War II and the Postwar Expansion of St. Luke's

Following World War II, a boom in hospital construction and expansion was focused on adding capacity after the slow building of the 1930s. The efficiency-focused planning principles that emerged in the 1920s

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were carried over, with facades exhibiting similar Modernist styles to office buildings of the era. Major postwar New York City hospital designs, such as the Fort Hamilton Veterans Administration Hospital in Brooklyn (Skidmore, Owings and Merrill, 1947-1952) and SOM's design for an expanded New York University-Bellevue Hospital (1947-50) featured tall slabs of patient facilities stacked above and alongside administration, diagnostic, outpatient and surgical facilities.

The introduction of antibiotics further eroded the link between physical arrangement of spaces and the treatment of illness, which became more focused on pharmaceutical cure. The perceived connection between a healthful hospital interior for patients and access to natural light and air from outdoors through windows, already of reduced importance before the war, was practically severed by the introduction of air conditioning and the use of ultraviolet light as a disinfectant. Windows were frequently entirely inoperable. Hospitals became "sealed boxes" where the desired environmental conditions could be controlled artificially, and consequently lost much of their legible exterior expression of function.²⁸

The post-World War II period saw a sharp rise in hospital admissions in New York City, aided by the widespread adoption of antibiotics as well as of employer health insurance plans that made hospital care more broadly affordable. St. Luke's hospital resumed its expansion on the Morningside Heights site in the postwar decades, constructing four large pavilions from 1954 to 1971. These buildings accommodated the hospital's merger with another major Morningside Heights institution, Woman's Hospital, and housed facilities for an expanding list of specialized medical departments, as well as modern facilities for medical research. These pavilions were designed in a modern style and massed as contiguous blocks, marking a clear break from the Flagg master plan in scale and style as well as plan.

Florence Stokes Clark Building (York & Sawyer, 1954)

St. Luke's Hospital, which merged with Woman's Hospital in 1952, began construction in the same year of a building at the western end of the block, a gift of Florence Stokes Clark, designed by York & Sawyer. That architectural firm had previously designed a 12-story residence for St. Luke's Hospital nurses, mid-block between Amsterdam and Morningside and extending from West 114th Street to West 115th Street. That building was constructed in 1937 to meet nurses' housing needs that had outgrown the facilities in Vanderbilt Pavilion, and was demolished in the 1970s.

The Clark Building was constructed on the planned site of the two westernmost pavilions of the original Flagg master plan. Neither one was ever built and the pathology building was demolished to clear the site for a new, larger building. York & Sawyer's plans were filed in a New Building application in 1951 (NB No. 69 of 1951). The nine-story Florence Stokes Clark building was designed in a modern style, in yellow brick with stone trim, in a restrained streamline style defined by vertical trim that accented the window bays of the lower floors. Its cruciform plan spanned the Amsterdam block front with setbacks above the

²⁸ Willis, Goad and Logan, *Architecture and the Modern Hospital*, 174; Kisacky, *The Rise of the Modern Hospital*, 340.

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fourth floor, in keeping with the tower-on-podium type of twentieth-century hospital massing. Opened in 1954, the building included 200 new beds but also facilities for specialized departments integrated into St. Luke's Hospital: psychiatry, pediatrics, urology and orthopedics. (St. Luke's had become the first New York City hospital to open an integrated orthopedic department in 1938.) It also included an infirmary for nearby Columbia University; St. Luke's had entered an affiliation with Columbia in 1947, which gave the adjacent university's medical students access to the hospital for clinical education, and gave St. Luke's medical practitioners academic status at Columbia.²⁹

Stuyvesant Building (York & Sawyer, 1957)

York & Sawyer also designed the Stuyvesant Building, funded by a gift of Augustus Van Horne Stuyvesant Jr. The New Building plans were filed in 1954 (No. 136 of 1954), citing an expected cost of \$1,500,000, and Stuyvesant was constructed in 1955-57 on the site of Flagg's Norrie Pavilion, demolished to make way for it. The nine-story Stuyvesant Building was a compact "block" hospital building, designed in a Modern style that carried over the language of the Clark Building, with a granite-clad base, similarly colored brick, and continuous lines of streamlined stone trim grouping the windows, except in a more horizontal rather than vertical direction. The predominantly fixed windows on Stuyvesant, and the St. Luke's additions that followed it, exemplify the emphasis on climate control over natural ventilation that distinguished postwar hospital design from nineteenth-century forebears. Like its predecessor, Norrie, Stuyvesant was attached to Muhlenberg Pavilion, had an L-shaped plan, partly obscuring the west section of Muhlenberg. The Stuyvesant Building added new operating rooms, additional outpatient facilities and diagnostic and radiology laboratories, including a "cancer detection clinic."³⁰

Women's Annex/Babcock Building (York & Sawyer, 1965; Skidmore, Owings & Merrill, 1992)

Upon its merger with St. Luke's in 1952, the Woman's Hospital became the Woman's Hospital Division of St. Luke's, and it remained in its former 1906 building on West 110th Street until the construction of a new Women's Annex building for it on Amsterdam Avenue between West 114th and West 115th Streets. (The 1906 building was demolished soon after the institution moved to the new Annex.) Designed by York & Sawyer, filed as New Building application No. 114 of 1961 and built in 1964-65, the Women's Annex building occupied the full block front, rising 11 stories in beige brick with stone trim, connected to the Clark Building by a skybridge across West 114th Street. A ten-story addition to the east was designed in 1991 by Skidmore, Owings and Merrill, and completed in 1992, linked to Clark by another skybridge.

²⁹ "Hospital Consolidation," *New York Times*, November 22, 1952; "Allocate New Space for Medical Office," *Columbia Spectator*, February 12, 1953; "St. Luke's Hospital Dedicates Addition," *New York Times*, Oct. 19, 1954; "Dedicate Building at St. Luke's Center," *Columbia Daily Spectator*, Oct. 19, 1954; "St. Luke's Pavilion," *New York Times*, October 22, 1954; Columbia University Libraries, "Morningside Heights Digital History: St. Luke's Hospital and Columbia University," <https://mhdh.library.columbia.edu/exhibits/show/hospital/st--luke-s-hospital-and-columb..>

³⁰ St. Luke's Hospital, *Annual Reports 1954-55*, 7.

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The enlarged building became the Babcock Building, the main building of the hospital complex as it continues to operate today.

The 1952 merger, and the 1965 construction of an expanded home for the Woman's Division, reflected an evolution in treatment of women's health issues in the medical establishment. The original Woman's Hospital reflected increased attention to specific health needs of women, but its separate status also reflected social attitudes that segregated reproductive health care, in particular, from other medical care. (St. Luke's Hospital did not have an obstetrics department prior to the merger.) The neighboring institutions already both served much of the same population in different ways, and the merger reflected a greater integration of "women's" and "general" hospital care; the institutions in announcing it said it would make St. Luke's a "complete general hospital." In addition to more up-to-date facilities for the obstetrical and gynecological functions of the integrated division, and bringing these in physical proximity with the rest of the hospital, the new annex building also housed additional health facilities for Columbia University.³¹ Unlike the previous pavilions named for donors who funded them, the Women's Annex and the later Service and Research Building were financed by broader fund-raising campaigns.

Service and Research Building (Harry M. Prince, 1971)

Vanderbilt Pavilion on West 114th Street, part of the original 1896 complex, was demolished in 1966 for the construction of a "service and research" pavilion, designed by architect Harry M. Prince and completed in 1971. This building, rising for 13 stories before a final setback story, also exhibited "block" massing. It was built of similar yellow brick to the 1950s buildings above a low-slung granite-clad base, with stone spandrel panels and a more modest deployment of slim stone trim defining a main grouping of windows. Its eastern elevation covers the western facade of the Chapel Pavilion. The Service and Research Building provided a much-needed modernization of research and clinical laboratories, replacing those still operating in the 1896 Vanderbilt Pavilion, and accommodating a need for expanded support facilities occasioned by the addition of the Women's Annex. It also contained a pediatric emergency room and clinic, and the hospital's first on-site rehabilitation facilities, replacing a "convalescence center" it had operated in Greenwich, Connecticut. The hospital noted that the rehabilitation center, designed to "teach people to live with their disability" and provide "vocational rehabilitation for people who can no longer use their old skills" represented "a new concept to St. Luke's." The Connecticut convalescent center had been established in 1927 on the premise that "long periods of rest and fresh air" were key to recuperation. The on-site rehabilitation center reflected an updated focus on "early ambulation," physical therapy and the use of medication, in enabling a return to active living.³²

³¹ "Merger Approved for Two Hospitals," *New York Times*, November 19, 1952; "At 100, Hospital Bars Old Taboos," *New York Times*, May 1, 1955; "St. Luke's Opens 11-Million Drive," *New York Times*, Nov. 10, 1961; "St. Luke's Revises Plans for Woman's Hospital," *Columbia Spectator*, November 13, 1961; "New Woman's Hospital Opened at St. Luke's," *New York Amsterdam News*, June 5, 1965.

³² "Research Center to Be Expanded," *New York Times*, September 22, 1963; "St. Luke's Projects 114th St. Expansion," *Columbia Spectator*, March 10, 1964; St. Luke's Hospital, *The Quarterly Journal* 2, no. 1 (1964), 13.

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Later History

St. Luke's Hospital became fully affiliated with Columbia University in 1971 and merged with Roosevelt Hospital in 1979 to form St. Luke's-Roosevelt Hospital Center, one of many mergers carried out among major New York City hospitals in an effort to improve efficiency amid rising costs in the late twentieth century. In 2013, St. Luke's-Roosevelt Hospital Center merged with Mount Sinai Health Systems. Following the 2013 merger with Mount Sinai, St. Luke's hospital operations were cut back and consolidated in the newer buildings along Amsterdam Avenue. Minturn, Plant, Scrymser and Travers Pavilions, and the Ambulance Stable, were sold for residential redevelopment in May 2016.

Major Alterations

In 1966, the dome of Muhlenberg Pavilion, which had been deteriorating for decades, was removed, along with the four evangelist statues around it. An interior renovation of Travers completed in 1967 filled in the original atrium, adding some 80,000 square feet of new office space.³³

Around 1985, the cornices were removed from Muhlenberg, Minturn, Plant and Travers Pavilions. A fiberglass replacement was installed on Plant Pavilion. Also in that year, a large oxygen mechanical unit was placed in the courtyard fronting the West 113th Street entrance to Plant Pavilion. Another piece of medical equipment, a one-story MRI structure, was attached to the west elevation Minturn Pavilion in the original central entrance courtyard, in 1988. Also that year, the open entrance of the northern extension to the Ambulance Stable was filled in with concrete block.

Summary

St. Luke's Hospital showcases representative features of late-nineteenth and early-twentieth century U.S. hospital history and design. Ernest Flagg's master plan was a highly developed example of a "pavilion plan" dictating the separation of constituent buildings to prevent the spread of disease and layouts and circulation plans that emphasized the importance of fresh air. The forward-looking plan for future growth on the large site reflected the increasing complexity of hospitals as institutions in the late nineteenth century, requiring facilities for specialized functions beyond inpatient care, including administration, scientific research, clinical laboratories and professional offices and housing. The Flagg pavilions as actually built over subsequent decades reflected further evolution of these hospital functions, including the increased salience of private patient accommodations and outpatient services.

The Flagg Pavilions also a prime example of the emergence of Beaux-Arts institutional architecture in New York, particularly in the context of Morningside Heights' development as a center of major local religious and intellectual institutions. An early work of a major Beaux-Arts practitioner, Ernest Flagg, the master plan deployed rock-faced and smooth rusticated stone bases, deeply sculptural window and door

³³ St. Luke's Hospital, *The Quarterly Journal* 2, no. 1 (1964), 4; St. Luke's Hospital, *The Quarterly Journal* 5, no. 1 (1967), 4.

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surrounds, stone courses, cornices, light brick, and mansard roofs. The design evolution exhibited in the series of buildings he designed under the plan reflect the history of hospital design and practices, and the adaptation and modernization of Flagg's Beaux-Arts vision.

The later twentieth-century completion of the site with large modern additions in a break from the master plan reflected a massive post-World War II expansion of hospital use and services, and consolidation with other institutions. These multistory towers exemplified the predominant postwar "block" hospital plan, derived from internal organizational concerns and technological environmental control rather than natural ventilation and light sources.

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9. Major Bibliographical References

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"The Works of Ernest Flagg." *Architectural Record*, 11, no. 3 (April 1902): 1-104.

Previous documentation on file (NPS):

- ☐ preliminary determination of individual listing (36 CFR 67) has been requested
- ☐ previously listed in the National Register
- ☐ previously determined eligible by the National Register
- ☐ designated a National Historic Landmark
- ☐ recorded by Historic American Buildings Survey # _____
- ☐ recorded by Historic American Engineering Record # _____
- ☐ recorded by Historic American Landscape Survey # _____

Primary location of additional data:

- ☐ State Historic Preservation Office
- ☐ Other State agency
- ☐ Federal agency
- ☐ Local government
- ☐ University
- ☐ Other
- Name of repository: _____

Historic Resources Survey Number (if assigned): _____

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10. Geographical Data

Acreage of Property 4.02 acres

UTM References

Datum (indicated on USGS map):

☐ NAD 1927 or ☒ NAD 1983

1. Zone: 18	Easting: 587618	Northing: 4517635
2. Zone:	Easting:	Northing:
3. Zone:	Easting:	Northing:
4. Zone:	Easting :	Northing:

Verbal Boundary Description (Describe the boundaries of the property.)

The boundary is indicated by a heavy line on the enclosed map with scale

Boundary Justification (Explain why the boundaries were selected.)

The boundary includes the parcels historically associated with the development of the campus of St. Luke's Hospital during the nineteenth and twentieth centuries.

St. Luke's Hospital

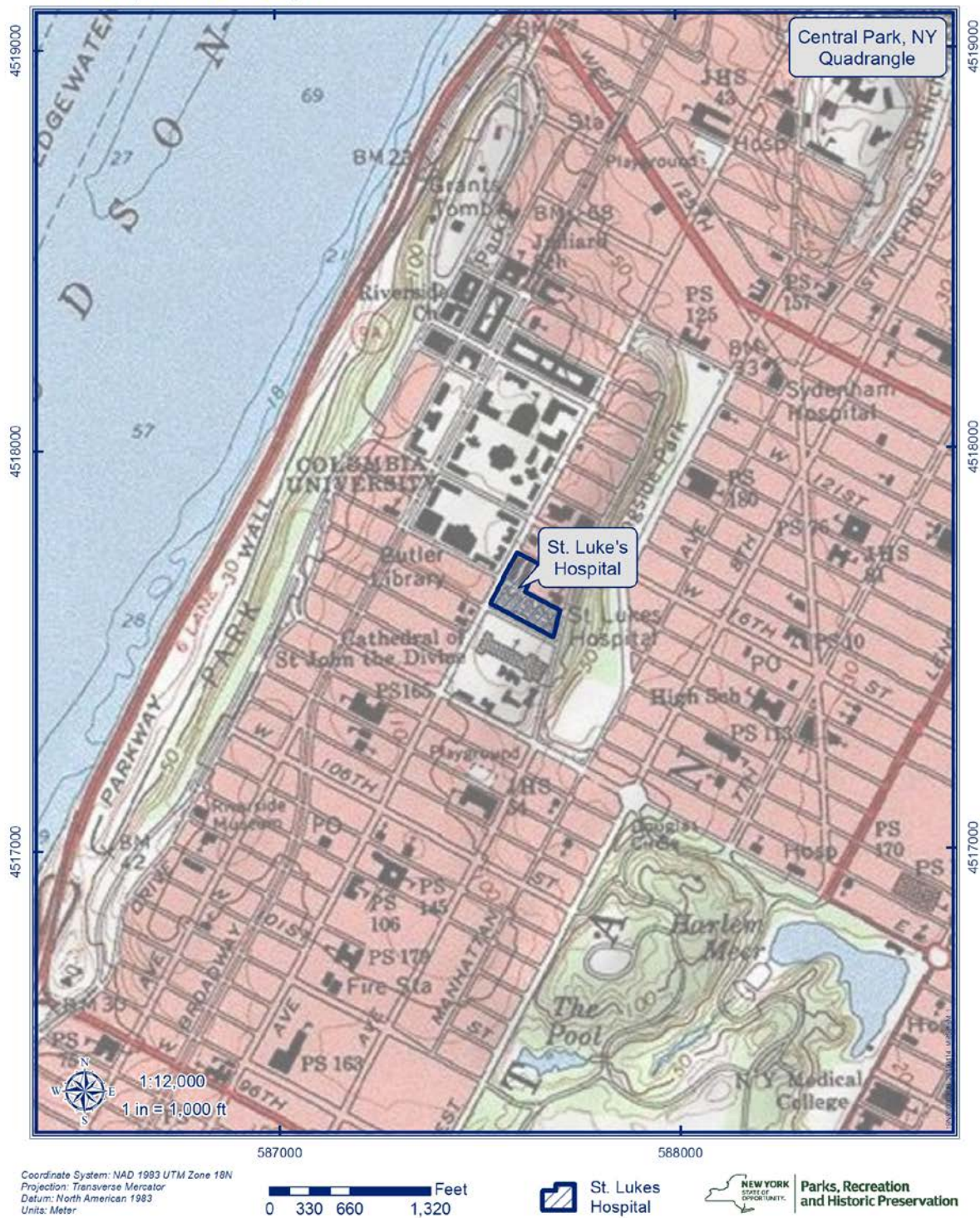
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St. Luke's Hospital
New York, New York Co., NY

30 Morningside Drive
New York, NY 10025



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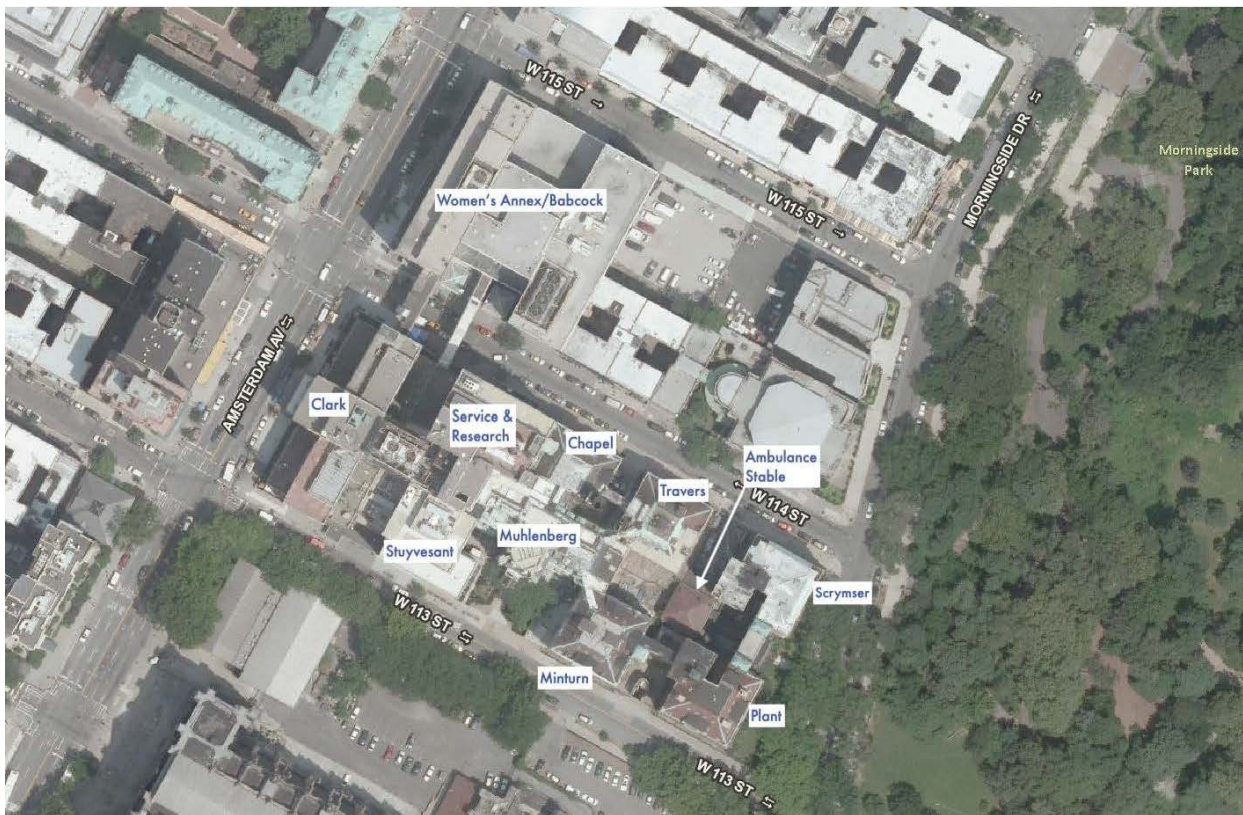
St. Luke's Hospital
New York, New York Co., NY

30 Morningside Drive
New York, NY 10025

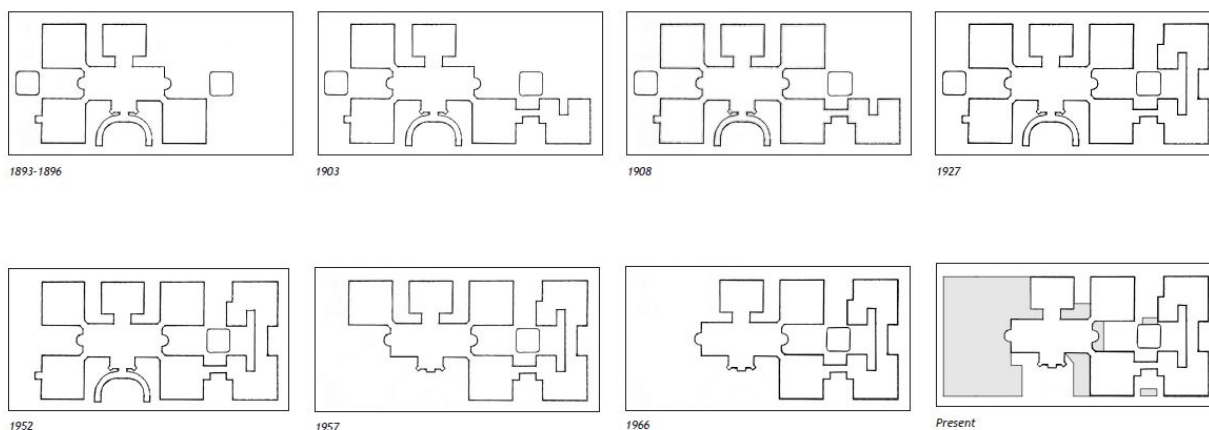


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St. Luke's Hospital Pavilions, 2018 aerial.



Construction Evolution of St. Luke's Hospital

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11. Form Prepared By

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city or town: New York state: NY zip code: 10005
e-mail taylor@hqpreservation.com
telephone: 212-274-9468
date: December 2018

Additional Documentation

Submit the following items with the completed form:

- **Maps:** A **USGS map** or equivalent (7.5 or 15 minute series) indicating the property's location.

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Photograph Log

Name of Property: St. Luke's Hospital
City or Vicinity: New York City
County: New York
State: NY
Photographer: Jonathan Taylor
Date Photographed: October 2015-June 2106

Photo 1 of 44

Muhlenberg Pavilion and main entrance portico to hospital, viewed looking north from West 113th Street.

Photo 2 of 44

Minturn Pavilion, center, and Plant Pavilion, at right, viewed looking northeast from West 113th Street.

Photo 3 of 44

Minturn Pavilion, center, and Plant Pavilion, at right, viewed looking northeast from West 113th Street.

Photo 4 of 44

View to north from West 113th Street near Morningside Drive, of Plant Pavilion (foreground) and Scrymser Pavilion (rear).

Photo 5 of 44

View to west of connector between Plant Pavilion (left) and Scrymser Pavilion (right), with historic iron entry pavilion and marquee, metal balconies with non-historic mesh enclosures, and non-historic windows.

Photo 6 of 44

View to south of historic balconies on the Plant-Minturn connector, with netting at sixth floor and mesh enclosures at fifth and fourth floors.

Photo 7 of 44

View to southwest from Morningside Drive and West 114th Street, of Scrymser Pavilion (foreground) and Travers Pavilion (center right).

Photo 8 of 44

West 114th Street elevation of the Chapel.

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Photo 9 of 44

View within the courtyard between the Flagg-designed pavilions, looking west toward the 1938 stair and elevator tower serving Minturn (left) and Travers (right) Pavilions.

Photo 10 of 44

West elevation of Ambulance Stable.

Photo 11 of 44

View to northwest of Travers Pavilion's south (courtyard) and east elevations, including historic eighth-floor solarium and rooftop terrace.

Photo 12 of 44

North (courtyard-side) elevation of Minturn Pavilion's red slate tile mansard roof, with copper trim, brick and copper dormers and brick chimneys.

Photo 13 of 44

West 114th Street facade of the Service and Research building, view looking west.

Photo 14 of 44

The 1965 Women's Annex (now part of the Babcock Building), viewed from Amsterdam Avenue looking northeast. At right foreground, the skybridge originally connecting the Women's Annex to the Clark Building across West 114th Street; behind it, the skybridge connecting the 1992 Babcock addition to Clark.

Photo 15 of 44

The 1954 Clark Building, looking east on Amsterdam Avenue.

Photo 16 of 44

The 1957 Stuyvesant Building, looking northwest from West 113th Street.

Photo 17 of 44

The main entrance lobby of Muhlenberg Pavilion, looking south from the stairs leading to the Chapel sanctuary, toward the main entrance on West 114th Street.

Photo 18 of 44

The boardroom on the ground floor of Muhlenberg Pavilion, view looking east.

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Photo 19 of 44

Axial second-floor corridor running east-west across the second floor of Muhlenberg Pavilion.

Photo 20 of 44

The Chapel sanctuary, looking north.

Photo 21 of 44

Corridor on the main level of Minturn Pavilion, looking east toward Plant Pavilion.

Photo 22 of 44

The entry vestibule within the Plant-Minturn connector, looking west toward the wall, with commemorative plaque, that separates connector from Minturn at the ground floor. Reception rooms are to the right in the photo and the historic entry (no longer in use) is to the left.

Photo 23 of 44

Reception room at ground floor of Plant-Minturn connector, looking east toward Plant.

Photo 24 of 44

View to west, toward Minturn Pavilion, in Plant-Minturn connector, second floor.

Photo 25 of 44

First floor interior, Plant Pavilion, looking north, with historic wall and ceiling moldings, and fireplace mantel.

Photo 26 of 44

View to east of elevator enclosure and open wraparound stair in Plant Pavilion, third floor.

Photo 27 of 44

View to south in corridor of sixth floor of Plant Pavilion.

Photo 28 of 44

View to southeast within entrance lobby in Scrymser-Plant connector.

Photo 29 of 44

View to southwest, toward courtyard, in eighth floor of Scrymser-Plant connector.

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Photo 30 of 44

View to north in first-floor corridor of Scrymser Pavilion.

Photo 31 of 44

View to west and corridor in eighth-floor room of Scrymser Pavilion.

Photo 32 of 44

View to east in Travers first-floor corridor, with non-historic partitions, finishes, floor, drop ceiling and doors.

Photo 33 of 44

View to north in fifth-floor Travers Pavilion corridor.

Photo 34 of 44

View to northwest in emergency room lobby at ground floor of Clark Building.

Photo 35 of 44

View from second-corridor of Clark Building to east, into continuation of corridor through Stuyvesant Building.

Photo 36 of 44

View to north along suite of surgical administration offices, tenth floor of Clark.

Photo 37 of 44

View to east along main corridor of the fourth floor of Stuyvesant.

Photo 38 of 44

View to east on eighth floor of Stuyvesant.

Photo 39 of 44

View to northwest at reception station on fifth floor of Service & Research Building.

Photo 40 of 44

View to north in corridor of sixth floor of Service & Research Building.

Photo 41 of 44

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View to southeast of main hospital entrance lobby, Babcock Building.

Photo 42 of 44

View to west on seventh floor of Babcock Building, into Woman's Annex.

Photo 43 of 44

View to south in tenth floor corridor of Babcock Building.

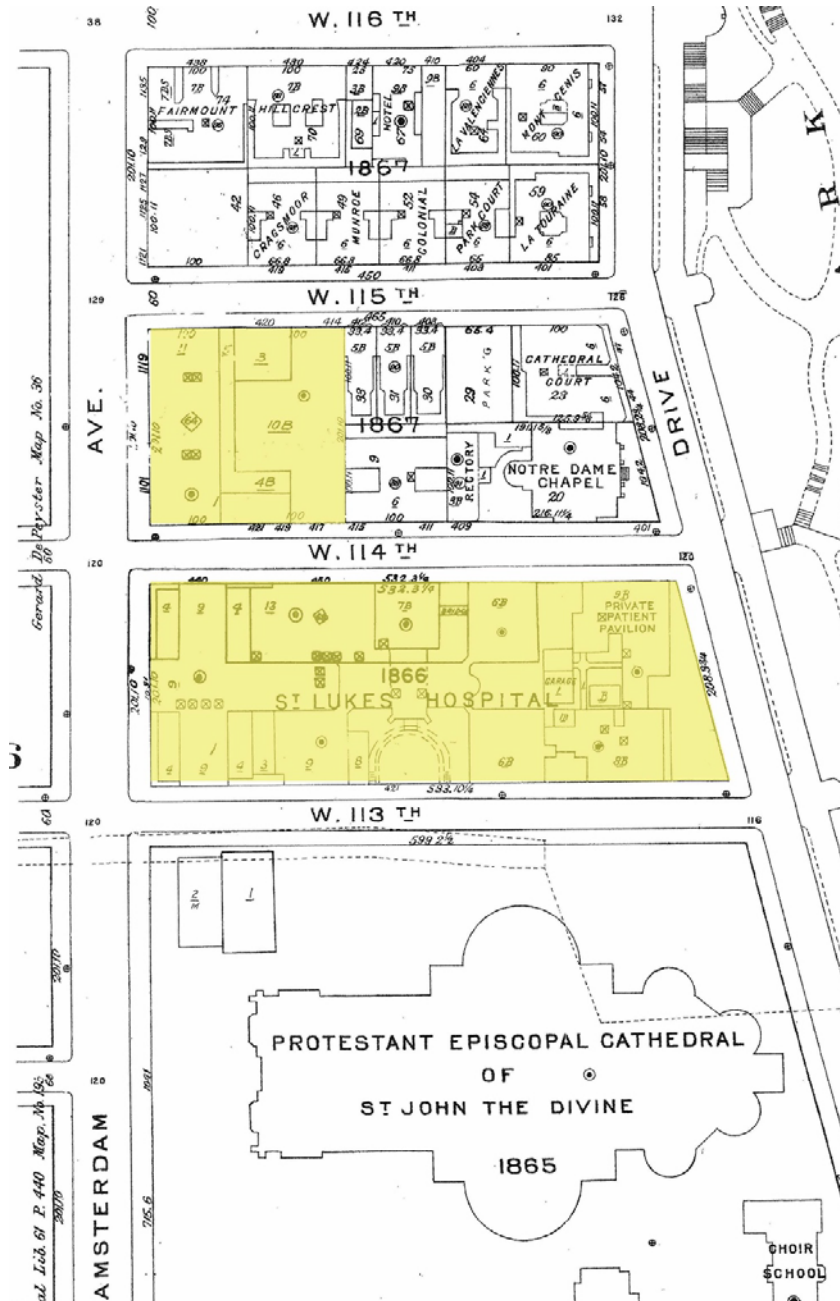
Photo 44 of 44

View to north in conference center auditorium on sixth floor of Chapel Pavilion.

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Historic Map



1. Sanborn map showing the complex between West 113th and West 115th Street, between Amsterdam Avenue and Morningside Drive.

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Historic Images



1. St. Luke's Hospital, 1904. View from the south, as originally completed in 1896. From left to right: Norrie Pavilion, Muhlenberg Pavilion, Minturn Pavilion. (Museum of the City of New York)

St. Luke's Hospital
Name of Property

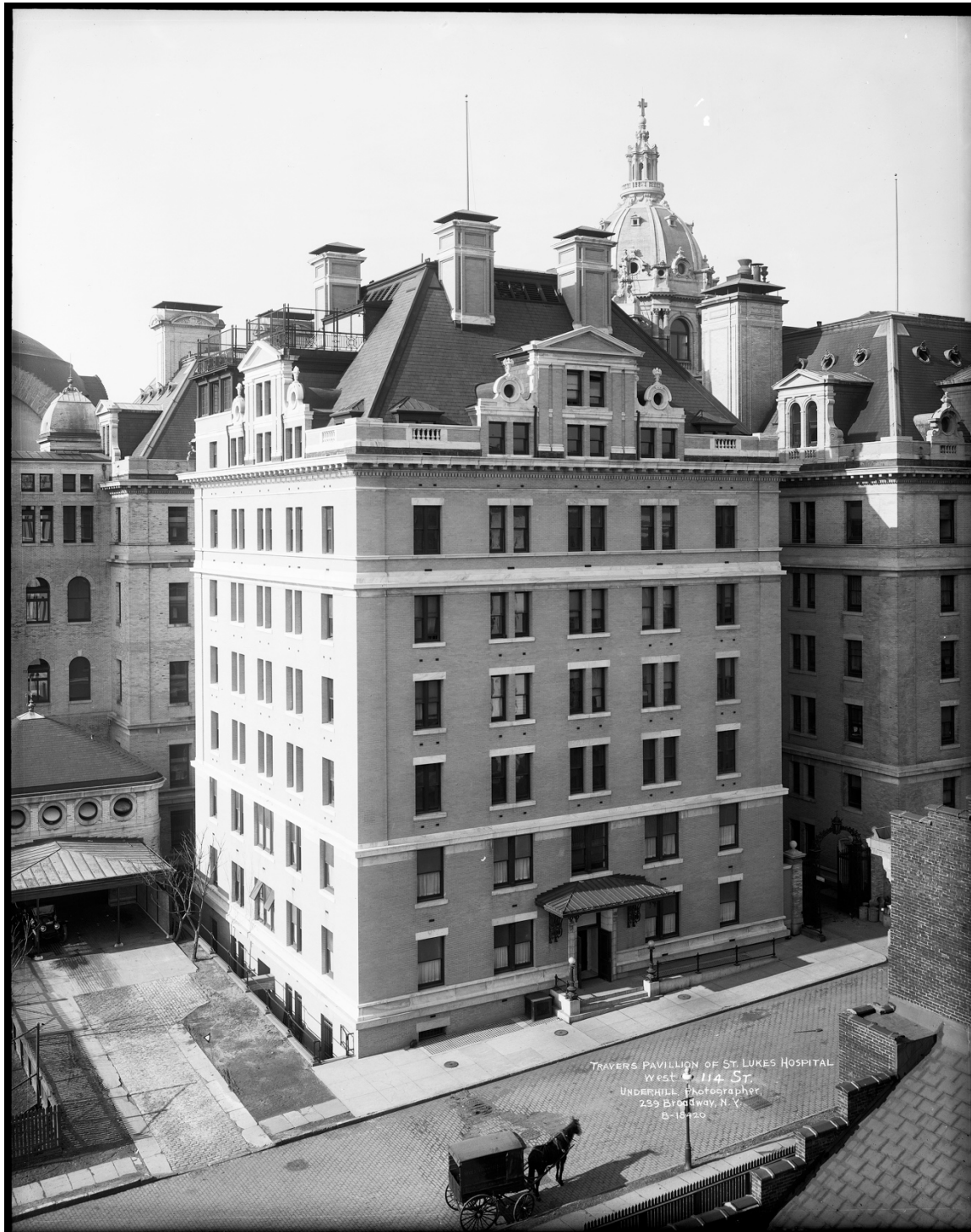
New York Co., NY
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2. St. Luke's Hospital, ca. 1910. View from the east with Plant Pavilion (foreground) constructed in 1907.

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3. View to south on West 114th Street, of Travers Pavilion, 1911 (Museum of the City of New York)

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4. St. Luke's Hospital, ca. 1927. View from the east showing Scrymser Pavilion (right) constructed in 1928.

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5. Aerial view of St. Luke's Hospital from south, 1955, showing the 1954 Clark Building at left.
(Archives of the Cathedral of St. John the Divine)

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6. View northeast across 114th Street, after the 1957 completion of the Stuyvesant Building (center).

Paperwork Reduction Act Statement: This information is being collected for applications to the National Register of Historic Places to nominate properties for listing or determine eligibility for listing, to list properties, and to amend existing listings. Response to this request is required to obtain a benefit in accordance with the National Historic Preservation Act, as amended (16 U.S.C.460 et seq.).

Estimated Burden Statement: Public reporting burden for this form is estimated to average 100 hours per response including time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding this burden estimate or any aspect of this form to the Office of Planning and Performance Management, U.S. Dept. of the Interior, 1849 C. Street, NW, Washington, DC.

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DIVISION FOR
HISTORIC PRESERVATION

Kate Lemos McHale
Director of Research

March 12, 2019

1 Centre Street
9th Floor North
New York, NY 10007

212 669 7902 tel
212 669 7797 fax

R. Daniel Mackay
Deputy Commissioner for Historic Preservation
Deputy State Historic Preservation Officer
New York State Office of Parks, Recreation and Historic Preservation
P.O. Box 189
Waterford, NY 12188-0189

Re: St. Luke's Hospital, 30 Morningside Drive, Manhattan (Block 1866, Lots 1 and 2; Block 1867, Lots 1 and 5)

Dear Deputy Commissioner Mackay:

I am writing on behalf of Chair Sarah Carroll in response to your request for comment on the eligibility of St. Luke's Hospital, located at 30 Morningside Drive, Manhattan, for the State and National Registers of Historic Places.

The agency has reviewed the materials you submitted and has determined that while portions of St. Luke's Hospital appear to meet the criteria for inclusion on the State and National Registers of Historic Places, we have concerns about whether parts of the complex with construction dates or alterations within the past 50 years meet the criteria. Thank you.

Sincerely,



Kate Lemos McHale
klemosmchale@lpc.nyc.gov

From: Kate Lemos McHale (LPC)
To: [Betsworth, Jennifer \(PARKS\)](#)
Subject: St. Luke's Hospital
Date: Monday, March 25, 2019 5:14:06 PM
Attachments: [image001.png](#)
[image002.png](#)
[image003.png](#)
[image004.png](#)

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Dear Jennifer,

I wanted to follow up on our phone conversation to clarify our position on St. Luke's Hospital as you requested. LPC does not believe the buildings and additions constructed on the site within the past 50 years meet the criteria for listing on the National Register, but defers to SHPO on how you apply the criteria to the site as a complex.

I hope this helps, if you need further clarification please let me know.

Best,
Kate



Kate Lemos McHale
Director of Research

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